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plan submitted with the request for variance.

(h) The Secretary, in granting a variance, will specify the period for which the variance has been granted; such period will not exceed one year. A request for a renewal shall be submitted not later than 30 days prior to the expiration of the variance and shall contain all information required by paragraphs (c), (d), and (f) of this section. Renewal of the variance will be contingent upon the facility's continuing to meet the provisions of this section.

[40 FR 30818, July 23, 1975. Redesignated at 42 FR 52826, Sept. 30, 1977; 51 FR 22041, June 17, 1986; 51 FR 27847, Aug. 4, 1986; 51 FR 43197, Dec. 1, 1986. Redesignated and amended at 53 FR 23100, June 17, 1988]

§488.68 State Agency responsibilities for OASIS collection and data base requirements.

As part of State agency survey responsibilities, the State agency or other entity designated by HCFA has overall responsibility for fulfilling the following requirements for operating the OASIS system:

(a) *Establish and maintain an OASIS database.* The State agency or other entity designated by HCFA must—

(1) Use a standard system developed or approved by HCFA to collect, store, and analyze data;

(2) Conduct basic system management activities including hardware and software maintenance, system back-up, and monitoring the status of the database; and

(3) Obtain HCFA approval before modifying any parts of the HCFA standard system including, but not limited to, standard HCFA-approved—

(i) OASIS data items;

(ii) Record formats and validation edits; and

(iii) Agency encoding and transmission methods.

(b) *Analyze and edit OASIS data.* The State agency or other entity designated by HCFA must—

(1) Upon receipt of data from an HHA, edit the data as specified by HCFA and ensure that the HHA resolves errors within the limits specified by HCFA;

(2) At least monthly, make available for retrieval by HCFA all edited OASIS

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records received during that period, according to formats specified by HCFA, and correct and retransmit previously rejected data as needed; and

(3) Analyze data and generate reports as specified by HCFA.

(c) *Ensure accuracy of OASIS data.* The State agency must audit the accuracy of the OASIS data through the survey process.

(d) *Restrict access to OASIS data.* The State agency or other entity designated by HCFA must do the following:

(1) Ensure that access to data is restricted except for the transmission of data and reports to—

(i) HCFA;

(ii) The State agency component that conducts surveys for purposes related to this function; and

(iii) Other entities if authorized by HCFA.

(2) Ensure that patient identifiable OASIS data is released only to the extent that it is permitted under the Privacy Act of 1974.

(e) *Provide training and technical support for HHAs.* The State agency or other entity designated by HCFA must—

(1) Instruct each HHA on the administration of the data set, privacy/confidentiality of the data set, and integration of the OASIS data set into the facility's own record keeping system;

(2) Instruct each HHA on the use of software to encode and transmit OASIS data to the State;

(3) Specify to a facility the method of transmission of data to the State, and instruct the facility on this method.

(4) Monitor each HHA's ability to transmit OASIS data.

(5) Provide ongoing technical assistance and general support to HHAs in implementing the OASIS reporting requirements specified in the conditions of participation for home health agencies; and

(6) Carry out any other functions as designated by HCFA necessary to maintain OASIS data on the standard State system.

[64 FR 3763, Jan. 25, 1999]

SUBPART C—SURVEY FORMS AND PROCEDURES

§ 488.100 Long term care survey forms, Part A.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION**

FORM APPROVED
OMB NO. 0938-0400

PART A = ADMINISTRATIVE AND PROCEDURAL REQUIREMENTS

MEDICARE / MEDICAID SKILLED NURSING FACILITY AND INTERMEDIATE CARE FACILITY SURVEY REPORT

FACILITY NAME AND ADDRESS (City, State, Zip Code)

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NAME OF FACILITY		COMPLIANCE WITH STATE AND LOCAL LAWS (<i>Condition of Participation</i>)	YES	NO	N/A	EXPLANATORY STATEMENT
CODE						
F500	SNF (405.1120)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
A. Licensure						
F501	SNF (405.1120(a)) (Standard)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F502	ICF (442.251) (Standard)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F503	The facility has a current State license (Number _____)					
B. Personnel Licensure						
F504	SNF (405.1120(b)) (Standard)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F505	ICF (442.302) (Standard)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F506	Staff of the facility are licensed or registered in accordance with applicable State laws.					
C. Compliance with Other Laws						
F507	SNF (405.1120(c)) (Standard)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F508	ICF (442.252) (Standard)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F509	ICF (442.315) (Standard)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F510	The facility is in compliance with applicable Federal, State and local laws and regulations relating to fire and safety, sanitation, communicable and reportable diseases, postmortem procedures and other relevant health and safety requirements.					

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NAME OF FACILITY		COMPLIANCE WITH STATE AND LOCAL LAWS/ GOVERNING BODY AND MANAGEMENT			YES	NO	N/A	EXPLANATORY STATEMENT
CODE	The facility is in compliance with applicable regulations pertaining to:							
F511	Buying, dispensing, safeguarding, administering, and disposing of medications and controlled substances.							
	Exception: Not applicable to SNFs.							
F512	Construction, maintenance and equipment.							
	Exception: Not applicable to SNFs.							
F513	Current reports from all responsible governmental agencies are retained at the facility.							
F514	Governing Body and Management (<i>Condition of Participation</i>) SNF (405.1121)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
	The facility has a governing body with full legal authority and responsibility for operation of the facility.							
A. Disclosure								
F515	SNF (405.1121(a)) (Standard)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
	Full disclosure of ownership has been made in accordance with requirements at 42 CFR 420.206							
B. Administration								
F516	SNF (405.1121(o)) (Standard)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET						
F517	1. Written bylaws address the operation of the facility.							
F518	2. Written bylaws and policies address effective resident care.							
F519	3. Bylaws are reviewed and revised as necessary.							

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NAME OF FACILITY	CODE	GOVERNING BODY AND MANAGEMENT	YES NO N/A	EXPLANATORY STATEMENT	
				<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET
	F520	ICF (442.301) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
	C. Independent Medical Review				
	F521	SNF (405.112(d)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
		The facility has policies which ensure that the facility cooperates in an effective program for regular independent medical evaluation and audit of residents in the facility to the extent required by the programs in which the facility participates.			
	D. Administrator				
	F522	SNF (405.112(e)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
	F523	ICF (442.303) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
	F524	The facility has a licensed administrator who has authority for the overall operation of the facility. (Administrator's license or registration number _____).			
	E. Resident Care Director				
	F525	ICF (442.304) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
	F526	1. The administrator or another professional staff member is the resident care director (RSD).			
	F527	2. The RSD coordinates and monitors each resident's care.			

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NAME OF FACILITY	CODE	GOVERNING BODY AND MANAGEMENT	YES NO	N/A	EXPLANATORY STATEMENT
	F. Institutional Planning		<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
	F528 SNF (405.1121(f)) (Standard)	1. The facility has an overall plan and budget prepared by a committee of representatives from the governing body, administrative staff, and the organized medical staff (if any).			
	F529	2. The overall plan and budget is reviewed and updated at least annually.			
	F530	3. The plan includes a capital expenditures plan, if necessary.			
	G. Personnel Policies and Procedures		<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
	F532 SNF (405.1121(g)) (Standard)	1. The facility has written policies and procedures that support sound resident care and personnel practices and address, at least:			
	F533	a. Control of communicable disease;			
	F534	b. The review of employee incidents and accidents to identify health and safety hazards; and			
	F535	c. The existence of a safe and sanitary environment.			
	F536	2. Personnel records are current, available to each employee, and contain sufficient information to support placement in the position to which assigned.			
	F537	3. Referral or provision for periodic health examinations to ensure freedom from communicable disease.			

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NAME OF FACILITY	CODE	GOVERNING BODY AND MANAGEMENT H. Outside Resources/Consultant Agreements	YES NO N/A	EXPLANATORY STATEMENT	
				<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET
	F538	SNF (405.112(i)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
	F539	ICF (442.317) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
	F540	The facility has written agreements with qualified persons to render a service (if it does not employ a qualified professional person to do so). The agreements:			
	F541	1. Address the responsibilities, functions, objectives, and terms (including financial arrangements and charges);			
	F542	2. Are signed by an authorized representative of the facility and the outside resource; and			
	F543	3. Specify that the facility retains ultimate responsibility for the services rendered.			
		I. Notification of Change in Resident Status			
	F544	SNF (405.112(i)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
	F545	The facility has policies and procedures to notify physicians and other responsible persons in the event of an accident involving the resident, or resident's physical, mental or emotional status, or resident charges, billings or related administrative matter.			

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CODE	GOVERNING BODY AND MANAGEMENT	YES	NO	N/A	EXPLANATORY STATEMENT
F546	J. Resident Rights SNF (405.1121(k)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET Indicators 1 thru 12 apply to SNFs.				
F547	ICF (442.311) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
	1. Information				
F548	a. The facility informs each resident, before or at the time of admission, of his rights and responsibilities.				
F549	b. The facility informs each resident, before or at the time of admission, of all rules governing resident conduct.				
F550	c. The facility informs each resident of amendments to their policies on residents' rights and responsibilities and rules governing conduct.				
F551	d. Each resident acknowledges in writing receipt of residents' rights information and any amendment to it.				
F552	e. The resident must be informed in writing of all services and charges for services.				
F553	f. The resident must be informed in writing of all changes in services and charges before or at the time of admission and on a continuing basis.				
F554	g. The resident must be informed of services not covered by Medicare or Medicaid in the basic rate.				

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NAME OF FACILITY	CODE	GOVERNING BODY AND MANAGEMENT	YES NO	N/A	EXPLANATORY STATEMENT
2. Medical Condition and Treatment					
F555		a. Each resident is informed by a physician of his health and medical condition unless the physician decides that informing the resident is medically contraindicated.			
F556		b. Each resident is given an opportunity to participate in planning his total care and medical treatment.			
F557		c. Each resident is given an opportunity to refuse treatment.			
F558		d. Each resident gives informed, written consent before participating in experimental research.			
F559		e. If the physician decides that informing the resident of his health and medical condition is medically contraindicated, the physician has documented this decision in the resident's medical record.			
3. Transfer and Discharge					
		Each resident is transferred or discharged only for:			
F560		a. Medical reasons.			
F561		b. His/her welfare or that of other residents.			
F562		c. Nonpayment except as prohibited by the Medicare or Medicaid program.			
4. Exercising Rights					
F563		a. Each resident is encouraged and assisted to exercise his/her rights as a resident of the facility and as a citizen.			
F564		b. Each resident is allowed to submit complaints and recommendations concerning the policies and services of the facility to staff or to outside representatives of the resident's choice or both.			
F565		c. Such complaints are submitted free from restraint, coercion, discrimination, or reprisal.			

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NAME OF FACILITY	CODE	GOVERNING BODY AND MANAGEMENT	YES	NO	N/A	EXPLANATORY STATEMENT
5. Financial Affairs						
F566		a. Residents are allowed to manage their own personal financial affairs.				
F567		b. The facility establishes and maintains a system that assures full and complete accounting of residents' personal funds. An accounting report is made to residents in skilled nursing facilities at least on a quarterly basis.				
F568		c. The facility does not commingle resident funds with any other funds other than resident funds.				
F569		d. If a resident requests assistance from the facility in managing his personal financial affairs, resident's delegation is in writing.				
F570		e. The facility system of accounting includes written receipts for:				
		1. All personal possessions and funds received by or deposited with the facility.				
F571		2. All disbursement made to or for the resident.				
F572		f. The financial record must be available to the resident and his/her family.				
6. Freedom from Abuse and Restraints						
F573		a. Each resident is free from mental and physical abuse.				
F574		b. Chemical and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.				
F575		c. If used in emergencies, they are necessary to protect the resident from injury to himself or others.				

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NAME OF FACILITY	CODE	GOVERNING BODY AND MANAGEMENT	YES	NO	N/A	EXPLANATORY STATEMENT
	F576	d. The use is authorized by a professional staff member identified in the written policies and procedures of the facility.				
	F577	e. The use is reported promptly to the resident's physician by the staff member.				
	7. Privacy					
	F578	a. Each resident is treated with respect, consideration and full recognition of his/her dignity and individuality.				
	F579	b. Each resident is given privacy during treatment and care of personal needs.				
	F580	c. Each resident's records, including information in an automated data bank, are treated confidentially.				
	F581	d. Each resident must give written consent before the facility releases information from his/her record to someone not otherwise authorized to receive it.				
	F582	e. Married residents are given privacy during visits by their spouses.				
	F583	f. Married residents are permitted to share a room.				
	8. Work					
	F584	No resident may be required to perform services for the facility.				
	9. Freedom of Association and Correspondence					
	F585	a. Each resident is allowed to communicate, associate and meet privately with individuals of his choice unless this infringes upon the rights of another resident.				
	F586	b. Each resident is allowed to send and receive personal mail unopened.				

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NAME OF FACILITY		CODE	GOVERNING BODY AND MANAGEMENT	YES	NO	N/A	EXPLANATORY STATEMENT
10. Activities		F587	Each resident is allowed to participate in social, religious, and community group activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Personal Possessions		F588	Each resident is allowed to retain and use his personal possessions and clothing as space permits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Written Policies and Procedures: Delegation of Rights and Responsibilities		F589	ICF (442.312) (Standard)	<input type="checkbox"/>	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
		F590	a. The facility has written policies and procedures that provide that all the rights and responsibilities of a resident pass to the resident's guardian, next of kin or sponsoring agency or agencies if the resident is adjudicated incompetent under State law or is determined by his physician to be incapable of understanding his rights and responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		F591	b. Physician determinations of incapability and the specific reasons thereof are recorded by the physician in the resident's record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
K. Resident Care Policies		F592	SNF (405.1121(l)) (Standard)	<input type="checkbox"/>	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
		F593	1. The facility has written policies to govern the continuing skilled nursing care and related medical or other services provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		F594	2. These policies reflect awareness of and provision for meeting the total medical and psychosocial needs of residents including admission, transfer, discharge planning, and the range of services available to residents; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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NAME OF FACILITY		CODE	GOVERNING BODY AND MANAGEMENT	YES	NO	N/A	EXPLANATORY STATEMENT
F595	3. The protection of residents' personal and property rights.						
F596	4. The policies are developed by a group of professional personnel, including the Medical Director or the organized medical staff, and are periodically reviewed and revised (if necessary).						
F597	5. These policies are available to admitting physicians, sponsoring agencies, residents, and the public.						
F598	6. The Medical Director or a registered nurse is designated as responsible for the execution of the policies.						
L. Public Availability							
F599	ICF (442.305) (Standard)		<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET			
F600	1. The facility has written policies and procedures governing all the services it provides.						
F601	2. The policies and procedures are available to the staff and residents, members of the family, the public, and legal representatives of residents.						
M. Admissions							
F602	ICF (442.306) (Standard)		<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET			
F603	The facility has written policies and procedures that ensure that it admits as residents only those residents whose needs can be met by:						
	1. the facility itself.						
F604	2. the facility in cooperation with community resources.						
F605	3. the facility in cooperation with other providers of care affiliated with or under contract to the facility.						

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NAME OF FACILITY		GOVERNING BODY AND MANAGEMENT			YES	NO	N/A	EXPLANATORY STATEMENT
CODE	N. Transfers	ICF (442.307) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F606	N. Transfers	ICF (442.307) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F607	1.	The facility has written policies and procedures to ensure that residents are transferred promptly to a hospital, SNF or other appropriate facility when a change is necessary.						
F608	2.	Except in emergencies, the facility consults the resident, his next of kin, the attending physician, and the responsible agency, if any, at least five days before discharge.						
F609	3.	The facility uses casework services and other means to ensure that adequate arrangements are made to meet resident's needs through other resources.						
F610	O. Restraints	ICF (442.306) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
	The facility has written policies and procedures that:							
F611	1.	Define the uses of chemical and physical restraints.						
F612	2.	Identify the professional personnel who may authorize the use of restraints in emergencies under 442.311(f).						
F613	3.	Describe procedures for monitoring and controlling the use of these restraints.						
F614	P. Complaints	ICF (442.309) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
	The facility has written policies and procedures that:							
F615	1.	Describe the procedures the facility uses to receive complaints and recommendations from residents.						
F616	2.	Ensure that the facility responds to complaints and recommendations.						

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CODE	NAME OF FACILITY Q. Staff Development	GOVERNING BODY AND MANAGEMENT SNF (405.112(h)) (Standard)	YES NO N/A <input type="checkbox"/> MET <input type="checkbox"/> NOT MET	EXPLANATORY STATEMENT	
				ICF (442.314) (Standard)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET
F617					
F618					
F619	1. The facility conducts an orientation program for all new employees that includes a review of all its policies.				
F620	2. The facility plans and conducts an inservice staff development program for all personnel to assist them in developing and improving their skills.				
F621	3. The facility maintains a record of the orientation and staff development programs it conducts.				
F622	4. The record includes the content of the program and the names of participants.				
F623	5. Inservice training includes at least prevention and control of infections, fire prevention and safety, confidentiality of resident information, and preservation of resident dignity including protection of resident's privacy and personal and property rights.				

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NAME OF FACILITY		CODE	MEDICAL DIRECTION (<i>Condition of Participation</i>)	YES NO [NA]	EXPLANATORY STATEMENT
CODE	MEDICAL DIRECTION				
F624	SNF (405.1122)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET		The facility has a written agreement with a licensed physician to serve as Medical Director on a part-time or full-time basis as is appropriate to the needs of the residents and the facility. (See 405.1911(b) regarding waiver of this requirement.)
A. Coordination of Medical Care					
F625	SNF (405.1122(a)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET		
F626	1. Medical direction and coordination of medical care in the facility are provided by a Medical Director.				
F627	2. The Medical Director is responsible for development of policies approved by the governing body.				
F628	3. Coordinating of medical care includes liaison with attending physicians to ensure their writing orders promptly upon admission of a resident, and periodic evaluation of the adequacy and appropriateness of health professional and supportive staff and services.				
B. Responsibilities to the Facility					
F629	SNF (405.1122(b)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET		
F630	1. The Medical Director is responsible for surveillance of the health status of the facility's employees.				
F631	2. Incidents and accidents that occur on the premises are reviewed by the Medical Director to identify hazards to health and safety.				

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NAME OF FACILITY CODE	PHYSICIAN SERVICES <i>(Condition of Participation)</i>	YES	NO	N/A	EXPLANATORY STATEMENT	
					<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET
F632 SNF (405.1123)	Residents in need of skilled or rehabilitative care are admitted to the facility only upon the recommendation of, and remain under the care of, a physician. To the extent feasible, each resident designates a personal physician.					
A. Physician Supervision						
F633 SNF (405.1129(b)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F634 ICF (442.346) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F635 1. The facility has a policy that the health care of every resident must be under the supervision of a physician.						
F636 2. All attending physicians must make arrangements for the medical care of their residents in their absence.						
B. Emergency Services						
F637 SNF (405.1129(c)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
The facility has written procedures available at each nurses' station, that provide for having a physician available to furnish necessary medical care in case of emergency.						

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NAME OF FACILITY CODE	NURSING SERVICES <i>(Condition of Participation)</i>	YES	NO	N/A	EXPLANATORY STATEMENT	
					<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET
F638 SNF (405.1124)	The facility provides 24-hour service by licensed nurses, including the services of a registered nurse at least during the day tour of duty, 7 days a week. There is an organized nursing service with a sufficient number of qualified nursing personnel to meet the total nursing needs of all residents (See 405.1911(a) regarding waiver of the 7-day registered nurse requirement).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F639 ICF (442.342) (Standard)	The facility provides nursing care as needed including restorative nursing care.	<input type="checkbox"/>	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET		
A. Director of Nursing Services						
F640 SNF (405.1124(a)) (Standard)		<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET			
F641 1. The director of nursing services is a qualified registered nurse employed full-time.						
F642 2. The director of nursing services has, in writing, administrative authority, responsibility, and accountability for the functions, activities, and training of the nursing services staff, and serves only one facility in this capacity.						
F643 3. If the director of nursing services has other institutional responsibilities, a qualified registered nurse serves as assistant so that there is the equivalent of a full-time director of nursing services on duty.						

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NAME OF FACILITY	CODE	NURSING SERVICES B. Health Services Supervision	YES	NO	NA	EXPLANATORY STATEMENT	
						<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET
	F644	1. The facility has a full-time registered nurse, or a licensed practical or vocational nurse to supervise the health services 7 days a week on the day shift.					
	F645	2. The nurse has a current State license.					
	F646	3. If the supervisor of health services is a licensed practical or vocational nurse, the facility has a formal contract with a registered nurse to serve as a consultant no less than 4 hours a week.					
	F647	4. To qualify to serve as a health services supervisor, a licensed practical or vocational nurse must:					
	F648	a. Have graduated from a State-approved school of practical nursing, or					
	F649	b. Have education or other training that the State authority responsible for licensing practical nurses considered equal to graduation from a State-approved school of practical nursing, or					
	F650	c. Have passed the Public Health Service examination for waivered licensed practical or vocational nurses.					
	F651	5. If the nurse in charge is licensed by the State in a category other than registered nurse or licensed practical or vocational nurse:					
		a. The individual has completed a training program to get the license that includes at least the same number of classroom and practice hours in all nursing subjects as in the program of a State-approved school of practical or vocational nursing, and					

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NAME OF FACILITY	CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	F652	b. The State agency responsible for licensing the individual submits a report to the Medicaid agency comparing State-licensed practical nurse or vocational nurse course requirements with those for the program completed by the individual.				
	C. Twenty-four Hour Nursing Service					
	F653	SNF (405.1124(g)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET		
	F654	ICF (442.338) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET		
	F655	1. 24-Hour Nursing				
		Nursing policies and procedures address the total nursing needs of the residents.				
	F656	The policies are designed to ensure that each resident receives:				
		Treatment.				
	F657	Medications as prescribed.				
	F658	Diet as prescribed.				
	F659	Rehabilitative nursing care as needed.				
	F660	Proper care to prevent decubitus ulcers and deformities.				
	F661	Proper care to ensure that residents are clean, well-groomed and comfortable.				
	F662	Protection from accident and injury.				
	F663	Protection from infection.				
	F664	Encouragement, assistance, and training in self-care and group activities.				

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NAME OF FACILITY	CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F665	2.	Weekly time schedules are maintained and indicate the number and classifications of nursing personnel including relief personnel, who worked on each unit for each tour of duty.				
	D. Rehabilitative Nursing Care		<input type="checkbox"/> NOT MET	<input type="checkbox"/> MET	<input type="checkbox"/>	
F666	SNF (405.1124(e)) (Standard)		<input type="checkbox"/> NOT MET	<input type="checkbox"/> MET	<input type="checkbox"/>	
F667	Nursing personnel are trained in rehabilitative nursing					
	E. Supervision of Resident Nutrition		<input type="checkbox"/> NOT MET	<input type="checkbox"/> MET	<input type="checkbox"/>	
F668	SNF (405.1124(f)) (Standard)		<input type="checkbox"/> NOT MET	<input type="checkbox"/> MET	<input type="checkbox"/>	
F669	A procedure is established to inform dietary service of physicians' diet orders and of residents' dietary problems.					
	F. Administration of Drugs		<input type="checkbox"/> NOT MET	<input type="checkbox"/> MET	<input type="checkbox"/>	
F670	SNF (405.1124(g)) (Standard)		<input type="checkbox"/> NOT MET	<input type="checkbox"/> MET	<input type="checkbox"/>	
F671	Procedures are established by the Pharmaceutical Services Committee (see 405.1127(d)) to ensure that drugs are checked against physicians' orders.					
	G. Conformance with Physicians' Drug Orders					
F672	SNF (405.1124(h)) (Standard)		<input type="checkbox"/> NOT MET	<input type="checkbox"/> MET	<input type="checkbox"/>	
	Indicators 1 thru 4 apply to SNFs.					
F673	ICF (442.335) (Standard)		<input type="checkbox"/> NOT MET	<input type="checkbox"/> MET	<input type="checkbox"/>	
F674	1. Drugs not specifically limited as to time or number of doses when ordered are controlled by automatic stop orders or other methods in accordance with written policies.					

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		F675	2. The attending physician is notified of an automatic stop order prior to the last dose so that the physician may decide if the administration of the drug or biological is to be continued or altered.	<input type="checkbox"/>	<input type="checkbox"/>	
		F676	ICF (442-334) (Standard)	<input type="checkbox"/>	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET
		F677	3. Physicians' verbal orders for drugs are given only to a licensed nurse, pharmacist, or physician and are immediately recorded and signed by the person receiving the order. (Verbal orders for Schedule II drugs are permitted only in the case of a bona fide emergency situation.)			
		F678	4. Such orders are countersigned by the attending physician within a reasonable time.			
		H. Storage of Drugs and Biologicals				
		F679	SNF (405.1124(i)) (Standard)	<input type="checkbox"/>	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET
		F680	1. Procedures for storing and disposing of drugs and biologicals are established by the pharmaceutical services committee.			
		F681	2. In accordance with State and Federal laws, all drugs and biologicals are stored in locked compartments under proper temperature controls.			
		F682	3. Only authorized personnel have access to the keys.			
		F683	4. Separately locked, permanently affixed compartments are provided for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention & Control Act of 1970 and other drugs subject to abuse, except under single unit dosage distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.			
		F684	5. An emergency medication kit approved by the pharmaceutical services committee is kept readily available.			

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NAME OF FACILITY	CODE	DIETETIC SERVICES <i>(Condition of Participation)</i>	YES	NO	N/A	EXPLANATORY STATEMENT
	F685	SNF (405.1125) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET The facility provides a hygienic dietetic service that meets the daily nutritional needs of patients, ensures that special dietary needs are met, and provides palatable and attractive meals. A facility that has a contract with an outside food management company may be found to be in compliance with this condition provided the facility and/or company meets the standards listed herein.				
	A. Staffing					
	F686	SNF (405.1125(a)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
	F687	1. Overall supervisory responsibility for the dietetic service is assigned to a full-time qualified dietetic service supervisor.				
	F688	2. If the dietetic service supervisor is not a qualified dietitian, the dietetic service supervisor functions with frequent, regularly scheduled consultation from a person so qualified. (§405.1101(e))				
	F689	3. In addition, the facility employs sufficient supportive personnel competent to carry out the functions of the dietetic service.				
	F690	4. If consultant dietetic services are used, the consultant's visits are at appropriate times and of sufficient duration and frequency to provide continuing liaison with medical and nursing staffs, advice to the administrator, resident counseling, guidance to the supervisor and staff of the dietetic service, approval of all menus, and participation in the development or revisions of dietetic policies and procedures. (See §405.1121(i).)				

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NAME OF FACILITY		CODE	DIETETIC SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
B. Staffing		F691	ICF (442.332) (Standard)	<input type="checkbox"/> MET	<input checked="" type="checkbox"/> NOT MET		
		F692	1. The facility has a staff member trained or experienced in food management or nutrition who is responsible for:				
			a. Planning meals that meet the nutritional needs of each resident.				
		F693	b. Following the orders of the resident's physician.				
		F694	c. To the extent medically possible, following the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences (Recommended Dietary Allowances, 8th Ed., 1974).				
		F695	d. Supervising the meal preparation and service to ensure that the menu plan is followed.				
		F696	2. For residents who required medically prescribed special diets, the facility:				
			a. Has menus for those residents planned by a professionally qualified dietitian or reviewed and approved by the attending physician, and				
		F697	b. Supervises the preparation and serving of meals to ensure that the resident accepts the special diet.				
		F698	3. The facility keeps for 30 days a record of each menu as served.				

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NAME OF FACILITY		DIETETIC SERVICES/ SPECIALIZED REHABILITATION SERVICES			YES	NO	N/A	EXPLANATORY STATEMENT
CODE	SPECIFIC CODE							
	C. Hygiene of Staff							
F699	SNF (405.1125(f)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET					
F700	In the event food service employees are assigned duties outside the dietetic service, these duties do not interfere with the sanitation, safety, or the time required for dietetic work assignments. (See §405.1121(g).)							
	D. Sanitary Conditions							
F701	SNF (405.1125(g)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET					
F702	Written reports of inspections by State and local health authorities are on file at the facility, with notation made of action taken by the facility to comply with any recommendations.							
	Specialized Rehabilitation Services (<i>Condition of Participation</i>)							
F703	SNF (405.1126)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET					
	The facility provides, or arranges for, under written agreement, specialized rehabilitative services by qualified personnel (i.e., physical therapy, speech pathology and audiology, and occupational therapy) as needed by residents to improve and maintain functioning. Safe and adequate space and equipment are available, commensurate with the services offered. If the facility does not offer such services directly, it does not admit nor retain residents in need of this care unless provision is made for such services under arrangement with qualified outside resources under which the facility assumes professional responsibility for the services rendered. (See §405.1121(i).)							

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NAME OF FACILITY		SPECIALIZED REHABILITATION SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
CODE	A. Staffing and Organization					
F704	SNF (405.1126(a)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	Indicators 1 thru 3 apply to SNFs		
F705	ICF (442.343) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET			
F706	1. Specialized rehabilitative services are provided, in accordance with accepted professional practices, by qualified therapists or by qualified assistants or other supportive personnel under the supervision of qualified therapists.					
F707	2. Other rehabilitative services also may be provided, but must be in a facility where all rehabilitative services are provided through an organized rehabilitative service under the supervision of a physician qualified in physical medicine who determines the goals and limitations of these services and assigns duties appropriate to the training and experience of those providing such services.					
	<i>Exception: Does not apply to ICFs.</i>					
F708	3. Written administrative and resident care policies and procedures are developed for rehabilitative services by appropriate therapists and representatives of the medical, administrative, and nursing staffs.					
	<i>Exception: Does not apply to ICF's See General Requirements 442.305</i>					

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NAME OF FACILITY		SPECIALIZED REHABILITATION SERVICES/ PHARMACEUTICAL SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
CODE		B. Documentation of Services	<input type="checkbox"/>	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
F709	SNF (405.1126(c)) (Standard)	The physician's order, the plan of rehabilitative care, services rendered, evaluations of progress, and other pertinent information are recorded in the patient's medical record, and are dated and signed by the physician ordering the service and the person who provided the service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. Qualifying to Provide Outpatient Physical Therapy Services						
F710	SNF (405.1126(d)) (Standard)	If the facility provides outpatient physical therapy services, it meets the applicable health and safety regulations pertaining to such services as are included in Subpart Q of this part. (See §405.1719, 405.1720, 405.1722(a) and (b)(1)(2)(3)(i), (4), (5), (6), (7), and (8); and 405.1725.)	<input type="checkbox"/>	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
Pharmaceutical Services (Condition of Participation)						
F711	SNF (405.1127)	The facility has appropriate methods and procedures for the dispensing and administering of drugs and biologicals. The facility is responsible for providing such drugs and biologicals for its residents, insofar as they are covered under the programs, and for ensuring that pharmaceutical services are provided in accordance with accepted professional principles.	<input type="checkbox"/>	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	

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NAME OF FACILITY	CODE	PHARMACEUTICAL SERVICES	YES NO N/A	EXPLANATORY STATEMENT
		A. Supervision of Services		
	F712	SNF (405.112(a)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
	F713	1. The pharmaceutical services are under the general supervision of a qualified pharmacist.		
	F714	2. The pharmacist is responsible to the administrative staff for developing, coordinating, and supervising all pharmaceutical services.		
	F715	3. The pharmacist (if not a full-time employee) devotes a sufficient number of hours, based upon the needs of the facility, during regularly scheduled visits to carry out these responsibilities.		
	F716	ICF (442.333) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
	F717	1. The facility employs a licensed pharmacist, or		
	F718	2. The facility has formal arrangements with a licensed pharmacist to advise the facility on ordering, storage, administration, disposal and recordkeeping of drugs and biologicals.		
		B. Control and Accountability		
	F719	SNF (405.112(b)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
	F720	1. The pharmaceutical service has procedures for control and accountability of all drugs and biologicals throughout the facility.		
	F721	2. Only approved drugs and biologicals are used in the facility.		
	F722	3. Records of receipt and disposition of all controlled drugs are maintained in sufficient detail to enable an accurate reconciliation.		

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NAME OF FACILITY		PHARMACEUTICAL SERVICES/ LABORATORY AND RADIOLOGIC SERVICES			EXPLANATORY STATEMENT	
CODE		YES	NO	N/A		
C.	Pharmaceutical Services Committee					
F723	SNF (405.1127(d)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET			
F724	1. A pharmaceutical services committee or its equivalent develops written policies and procedures for safe and effective drug therapy, distribution, control and use.					
F725	2. The committee is comprised of at least the pharmacist, the director of nursing services, the administrator, and one physician.					
F726	3. The committee oversees pharmaceutical services in the facility, makes recommendations for improvement, and monitors the service to ensure its accuracy and adequacy.					
<i>Laboratory and Radiologic Services (Condition of Participation)</i>						
F727	SNF (405.1128)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET			
	The facility has provision for promptly obtaining required laboratory, X-ray, and other diagnostic services.					
A.	Provision for Services					
F728	SNF (405.1128(a)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET			
F729	1. If the facility provides its own laboratory and X-ray services, these meet the applicable conditions established for certification of hospitals that are contained in 405.1028 and 405.1029, respectively.					

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NAME OF FACILITY		LABORATORY AND RADIOLOGIC SERVICES/ DENTAL SERVICES	YES NO N/A	EXPLANATORY STATEMENT
F730	2. If the facility itself does not provide such services, arrangements are made for obtaining these services from a physician's office, a participating hospital or skilled nursing facility, or a portable X-ray supplier, or independent laboratory which is approved to provide these services under the program.			
F731	3. The facility assists the resident, if necessary, in arranging for transportation to and from the source of service.			
B. Blood and Blood Products				
F732	SNF (405.1128(b)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET			
F733	1. Blood handling and storage facilities are safe, adequate, and properly supervised.			
F734	2. If the facility provides for maintaining and transfusing blood and blood products, it meets the conditions established for certification of hospitals that are contained in §405.1028(l).			
F735	3. If the facility does not provide its own facility but does provide transfusion services alone, it meets at least the requirements of §405.1028(l)(1), (3), (4), (6), and (9).			
Dental Services (<i>Condition of Participation</i>)				
F736	SNF (405.1129) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET			
	The facility has satisfactory arrangements to assist residents to obtain routine and emergency dental care (See §405.1121(l). (The basic Hospital Insurance Program does not cover the services of a dentist in a skilled nursing facility in connection with the care, treatment, filling, removal, or replacement of teeth or structures supporting the teeth; and only certain oral surgery is included in the Supplemental Medical Insurance Program.)			

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NAME OF FACILITY CODE	DENTAL SERVICES/SOCIAL SERVICES			YES NO INA	EXPLANATORY STATEMENT
	A. Advisory Dentist	SNF (405.1129(a)) (Standard)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
F737					
F738	A dentist recommends oral hygiene policies and practices for the care of residents. (§405.1121(h).				
B. Arrangements of Outside Services					
F739	SNF (405.1129(b)) (Standard)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET			
F740	1. The facility has a cooperative agreement with a dentist, and				
F741	2. Maintains a list of dentists in the community for residents who do not have a private dentist.				
F742	3. The facility assists the resident, if necessary, in arranging for transportation to and from the dentist's office.				
Social Services (Condition of Participation)					
F743	SNF (405.1130)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET			
	The facility has satisfactory arrangements for identifying the medically related social and emotional needs of the resident. It is not mandatory that the skilled nursing facility itself provide social services in order to participate in the program. If the facility does not provide social services, it has written procedures for referring residents in need of social services to appropriate social agencies. If social services are offered by the facility, they are provided under a clearly defined plan, by qualified persons, to assist each resident to adjust to the social and emotional aspects of the resident's illness, treatment, and stay in the facility.				

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NAME OF FACILITY		CODE	SOCIAL SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
A. Social Service Functions							
F744	SNF (405.1130(a)) (Standard)		<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET			
F745	Services are provided to meet the social and emotional needs of residents by qualified staff of the facility, or by referral, based on established procedures, to appropriate social agencies.						
F746	ICF (442.344(b))		<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET			
	The facility either provides these services itself or arranges for them with qualified outside resources.						
B. Staffing							
F747	SNF (405.1130(b)) (Standard)		<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET			
F748	1. If the facility offers social services, a member of the staff of the facility is designated as responsible for social services.						
F749	2. If the designated person is not a qualified social worker, the facility has a written agreement with a qualified social worker or recognized social agency for consultation and assistance on a regularly scheduled basis. (See §405.1101(s).)						
F750	3. The social service also has sufficient supportive personnel to meet resident needs.						
F751	4. Facilities are adequate for social service personnel, easily accessible to residents and medical and other staff, and ensure privacy for interviews.						

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NAME OF FACILITY		SOCIAL SERVICES/ACTIVITIES	YES	NO	N/A	EXPLANATORY STATEMENT
CODE	CODE		<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET		
F752	ICF (442.344(c))		<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET		
F753	The facility designates one staff member, qualified by training or experience, to be responsible for:					
	a. Arranging for social services; and					
F754	b. Integrating social services with other elements of the plan of care.					
C. Records and Confidentiality						
F755	SNF (405.1130(c)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET			
F756	Records of pertinent social data about personal and family problems medically related to the resident's illness and care, and of action taken to meet the resident's needs, are maintained in the resident's medical records.					
F757	If social services are provided by an outside resource, a record is maintained of each referral to such resource.					
Activities (Condition of Participation)						
F758	SNF (405.1131)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET			
	The facility provides for an activities program, appropriate to the needs and interests of each resident, to encourage self care, resumption of normal activities, and maintenance of an optimal level of psychosocial functioning.					

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CODE	NAME OF FACILITY	ACTIVITIES/MEDICAL RECORDS			YES	NO	N/A	EXPLANATORY STATEMENT
		A. Staffing	B. Activities	C. Medical Records				
F759	SNF (405.1131(a)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET					
F760	A member of the facility's staff is designated as responsible for the activities program.							
F761	If not a qualified activities coordinator, this staff member functions with frequent, regularly scheduled consultation from a person so qualified. (See §405.1101(o).)							
F762	ICF (442.345(l))	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET					
	The facility designates one staff member, qualified by training or experience in directing group activity, to be responsible for activity services.							
	Medical Records (Condition of Participation)							
F763	SNF (405.1132)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET					
	The facility maintains clinical (medical) records on all residents in accordance with accepted professional standards and practices. The medical record service has sufficient staff, facilities, and equipment to provide medical records that are completely and accurately documented, readily accessible, and systematically organized to facilitate retrieving and compiling information.							
F764	ICF (442.318(g))	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET					
	The facility maintains an organized resident record system that contains a record for each resident.							

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NAME OF FACILITY CODE	MEDICAL RECORDS	YES		NO		EXPLANATORY STATEMENT
		YES	N/A	NO	NOT MET	
A. Staffing						
F765	SNF (405.1132(a)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET			
F766	1. Overall supervisory responsibility for the medical record service is assigned to a full-time employee of the facility.					
F767	2. The facility also employs sufficient supportive personnel competent to carry out the functions of the medical record service.					
F768	3. If the medical record supervisor is not a qualified medical record practitioner, this person functions with consultation from a person qualified. (See §405.1101(l).)					
B. Protection of Medical Record Information						
F769	SNF (405.1132(b)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET			
F770	ICF (442.318(d))	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET			
F771	The facility safeguards medical record information against loss, destruction, or unauthorized use.					
C. Physician Documentation						
F772	SNF (405.1132(d)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET			
F773	1. Only physicians enter or authenticate in medical records opinions that require medical judgment (in accordance with medical staff bylaws, rules, and regulations, if applicable).					
F774	2. All physicians sign their entries into the medical record.					

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NAME OF FACILITY		MEDICAL RECORDS			YES NO N/A		EXPLANATORY STATEMENT	
CODE	D. Completion of Records and Centralization of Reports							
F775	SNF (405.1132(e)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET							
F776	1. Current medical records and those of discharged residents are completed promptly.							
F777	2. All clinical information pertaining to a resident's stay is centralized in the resident's medical record.							
E. Retention and Preservation								
F778	SNF (405.1132(f)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET							
	Medical records are retained for a period of time not less than that determined by the respective State statute, the statute of limitations in the State, or 5 years from the date of discharge in the absence of a State statute, or, in the case of a minor, 3 years after the resident becomes of age under State law.							
F779	ICF (442.318(e)) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET							
	The facility must keep a resident's record for at least 3 years after the resident is discharged.							
F. Location and Facilities								
F780	SNF (405.1132(h)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET							
	The facility maintains adequate facilities and equipment, conveniently located to provide efficient processing of medical records (reviewing, indexing, filing, and prompt retrieval).							

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NAME OF FACILITY CODE	TRANSFER AGREEMENT <i>(Condition of Participation)</i>	YES NO N/A	EXPLANATORY STATEMENT		
			<input type="checkbox"/> SNF (405.1133)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET
F781	ICF (442.316) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET		
F782	The facility has in effect a transfer agreement with one or more hospitals approved for participation under the programs, which provides the basis for effective working arrangements under which inpatient hospital care or other hospital services are available promptly to the facility's residents when needed. (A facility that has been unable to establish a transfer agreement with the hospital(s) in the community or service area after documented attempts to do so is considered to have such an agreement in effect.) Exception: A facility that has been unable to establish a written agreement after documented attempts to do so, is considered to have such an agreement.				
F783	Resident Transfer	<input type="checkbox"/> SNF (405.1133(a)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
F784	A hospital and a skilled nursing facility shall be considered to have a transfer agreement in effect if, by reason of a written agreement between them or (in case of two institutions are under common control) by reason of a written undertaking by the person or body which controls them, there is reasonable assurance that:				
F785	1. Transfer of patients will be effected between the hospital and the skilled nursing facility, ensuring timely admission, whenever such transfer is medically appropriate as determined by the attending physician.				

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NAME OF FACILITY		CODE	TRANSFER AGREEMENT/PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
F786	2. There will be interchange of medical and other information necessary or useful in the care and treatment of individuals transferred between institutions, or in determining whether such individuals can be adequately cared for otherwise than in either of such institutions.						
F787	3. Security and accountability for residents' personal effects are provided on transfer.						
Physical Environment (<i>Condition of Participation</i>)							
F788	SNF (405.1134)		<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET			
	The facility is constructed, equipped, and maintained to protect the health and safety of residents, personnel, and the public.						
A. Life Safety from Fire							
	SNF (405.1134(a)) (Standard)		<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET			
	ICF (442.321) (Standard)		<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET			
	(See appropriate HCFA Fire Safety survey form.)						
B. Maintenance of Equipment, Building, and Grounds							
F789	SNF (405.1134(ii)) (Standard)		<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET			
F790	The facility establishes a written preventative maintenance program to ensure that all equipment is operative.						

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CODE	NAME OF FACILITY	INFECTION CONTROL <i>(Condition of Participation)</i>	YES	NO	N/A	EXPLANATORY STATEMENT	
						<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET
F791	SNF (405.1135)	The facility establishes an infection control committee of representative professional staff with responsibility for overall infection control in the facility. All necessary housekeeping and maintenance services are provided to maintain a sanitary and comfortable environment and to help prevent the development and transmission of infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A. Infection Control Committee							
F792	SNF (405.1135(a))	(Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET					
F793		1. The infection control committee is composed of members of the medical and nursing staffs, administration, and the dietetic, pharmacy, housekeeping, maintenance, and other services.					
F794		2. The committee establishes policies and procedures for investigating, controlling, and preventing infection in the facility.					
F795		3. The committee monitors staff performance to ensure that the policies and procedures are executed.					
B. Aseptic and Isolation Techniques							
F796	SNF (405.1135(b))	(Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET					
F797		1. The facility has written procedures for aseptic and isolation techniques.					
F798		2. These procedures are reviewed and revised for effectiveness and improvement as necessary.					

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NAME OF FACILITY CODE	INFECTION CONTROL C. Housekeeping	YES NO N/A	EXPLANATORY STATEMENT		
			SNF (405.1135(c)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET
F799	1. The facility employs sufficient housekeeping personnel.				
F800	2. Provides all necessary equipment to maintain a safe, clean and orderly interior.				
F801	3. A full-time employee is designated responsible for the services and for supervision and training of personnel.				
F802	4. If a facility has a contract with an outside resource for housekeeping services, the facility and/or outside resource meets the requirements of the standards.				
D. Pest Control					
F804	SNF (405.1135(e)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET		
	The facility has an ongoing pest control program.				

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42 CFR Ch. IV (10-1-00 Edition)

NAME OF FACILITY		CODE	DISASTER PREPAREDNESS <i>(Condition of Participation)</i>	YES	NO	N/A	EXPLANATORY STATEMENT	
							<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET
F805	SNF (405.1136)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	<p>The facility has a written plan, periodically rehearsed, with procedures to be followed in the event of an internal or external disaster and for the care of casualties (residents and personnel) arising from such disasters.</p>				
A. Plan								
F806	ICF (442.213)	<input type="checkbox"/> (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F807	1. The facility has a written plan for staff and residents to follow in case of emergencies such as fire or explosion.							
F808	2. The facility rehearses the plan regularly.							
F809	3. The facility has written procedures for the staff to follow in case of an emergency involving an individual resident.							
F810	4. These procedures include:							
F811	a. Caring for the resident.							
F812	b. Notifying the attending physician and other individuals responsible for the resident.							
F813	c. Arranging for transportation, hospitalization, and other appropriate services.							
F814	1. The facility has an acceptable written plan in operation, with procedures to be followed in the event of fire, explosion, or other disaster.	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET					
F815	2. The plan is developed and maintained with the assistance of qualified life, safety, and other appropriate experts.							

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NAME OF FACILITY	CODE	DISASTER PREPAREDNESS/UTILIZATION REVIEW	YES	NO	N/A	EXPLANATORY STATEMENT
	F816	3. Includes procedures for prompt transfer of casualties and records.				
	F817	4. Instructions regarding the location and use of alarm systems and signals and of fire-fighting equipment.				
	F818	5. Information regarding methods of containing fire.				
	F819	6. Procedures for notification of appropriate persons.				
	F820	7. Specifications of evacuation routes and procedures. (See §405.113(a))				
	B. Orientation and training					
	F821	SNF (405.113(b)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET		
	F822	The disaster program includes orientation and ongoing training and drills for all personnel in all procedures so that each employee promptly and correctly carries out a specific role in case of a disaster (See §405.1121(h).)				
	Utilization Review (Condition of Participation)					
	F823	SNF (405.1137)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET		
		The facility carries out utilization review of the services provided in the facility to residents who are entitled to benefits under the program(s). Utilization review assures the maintenance of high quality care and appropriate and efficient utilization of facility services. There are two elements to utilization review: medical care evaluation studies and review of extended duration cases.				

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§ 488.100**42 CFR Ch. IV (10-1-00 Edition)**

NAME OF FACILITY		A. Plan		UTILIZATION REVIEW		YES	NO	N/A	EXPLANATORY STATEMENT
CODE									
F824		SNF (405.1137(a)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET					
F825		1. The facility has a currently applicable written description of its utilization review plan.							
F826		2. Such description includes:							
		a. The organization and composition of the committee or group which will be responsible for the utilization review function.							
F827		b. Methods of criteria (including norms where available) to be used to define periods of continuous extended duration and to assign or select subsequent dates for continued stay review.							
F828		c. Methods for selection and conduct of medical care evaluation studies.							
B. Organization and Composition of Utilization Review Committees									
F829		SNF (405.1137(b)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET					
F830		1. The utilization review (UR) function is conducted by:							
		a. A staff committee of the skilled nursing facility which is composed of two or more physicians, with participation of other professional personnel; or,							

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NAME OF FACILITY		CODE	UTILIZATION REVIEW	YES NO	N/A	EXPLANATORY STATEMENT
F831	b. A group outside the facility which is similarly composed and which is established by the local medical or osteopathic society and some or all of the hospitals and skilled nursing facilities in the locality; or (indicate name of the outside group and briefly describe the organization.)					
F832	c. A group established and organized in a manner approved by the Secretary that is capable of performing such function.					
F833	2. The medical care evaluation studies, educational duties of the review program, and the review of admissions and long-stay cases are performed by:					
a.	the same committee or group;					
F834	b. or more committees or groups.					
	Briefly explain who performs these functions.					
C. Medical Care Evaluation Studies						
F835	SNF (405.1137(c)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET			
F836	1. Medical care evaluation studies are performed to promote the most effective and efficient use of available health facilities and services consistent with resident needs and professionally recognized standards of health care.					
F837	2. Studies emphasize identification and analysis of patterns of resident care and suggest, where appropriate, possible changes for maintaining consistently high quality care and effective and efficient use of services.					

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§ 488.100**42 CFR Ch. IV (10-1-00 Edition)**

NAME OF FACILITY	CODE	UTILIZATION REVIEW	YES NO	N/A	EXPLANATORY STATEMENT
	F838	3. Each medical care evaluation study identifies and analyzes factors related to the care rendered in the facility and where indicated, results in recommendations for change beneficial to residents, staff, the facility, and the community.			
	F839	4. Studies, on a sample or other basis, include, but need not be limited to, admissions, durations of stay, ancillary services furnished (including drugs and biologicals), and professional services performed on premises.			
	F840	At least one study was completed during the last year. Type of study last completed: _____			
	D. Extended Stay Review				
	F841	SNF (405.1137(d)) (Standard) <input type="checkbox"/> MET <input checked="" type="checkbox"/> NOT MET			
	F842	1. Periodic review is made of each current inpatient skilled nursing facility beneficiary case of continuous extended duration, and the length of which is defined in the utilization review plan to determine whether further inpatient stay is necessary.			
	F843	2. The review is based on the attending physician's reasons for and plan for continued stay and any other documentation the committee or group deems appropriate.			
	F844	3. Cases are screened by: a. A qualified non-physician representative of the committee. b. The group. c. The reviewer uses criteria established by the physician members of the committee.			
	F845				
	F846				

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NAME OF FACILITY	CODE	UTILIZATION REVIEW	YES	NO	N/A	EXPLANATORY STATEMENT	
	F847	4. In instances when non-physician members are utilized, those cases are referred to a physician member for further review when it appears that the resident no longer requires further inpatient care.					
	F848	5. Non-physician representatives used to screen extended stay review cases, have experience in such screening or appropriate training in the application of the screening criteria used, or both.					
	F849	6. Before the expiration of each new period, the case must be reviewed again in like manner with such reviews being repeated as long as the stay continues beyond the scheduled review dates and notice has not been given pursuant to paragraph (e) of this section.					
		E. Further Stay Not Medically Necessary	<input type="checkbox"/>	<input checked="" type="checkbox"/> MET	<input type="checkbox"/> NOT MET		
	F850	SNF (405.1137(e)) (Standard)	<input type="checkbox"/>	<input checked="" type="checkbox"/> MET	<input type="checkbox"/> NOT MET		
	F851	1. A final determination of the committee or group that continued stay is not medically necessary is made by at least two physician members of the committee or group, except that the final determination may be made by one physician where the attending physician, when given an opportunity to express his views, does not do so, or does not contest the finding that the continued stay is not medically necessary.					
	F852	2. If the committee or group, or its nonphysician representative where a physician member concurs, has reason to believe from the review of an extended duration case or a case reviewed as part of medical care evaluation study that further stay is no longer medically necessary, the committee or group shall notify the individual's attending physician and afford him an opportunity to present his views before it makes a final determination.					

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NAME OF FACILITY		CODE	UTILIZATION REVIEW	YES	NO	N/A	EXPLANATORY STATEMENT	
F853	3. If the final determination of the committee or group is that further stay is no longer medically necessary, written notification of the finding is given to the facility, the attending physician, and the individual (or where appropriate, his next of kin) no later than 2 days after such final determination is made and, in no event in the case of an extended duration case, later than 3 working days after the end of the extended duration period specified pursuant to paragraph (d) of this section.							
F. Administrative Responsibilities								
F854	SNF (405.1137(l)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET							
F855	The administrative staff of the facility is kept directly and fully informed of committee activities to facilitate support and assistance. (Explain)							
G. Utilization Review Records								
F856	SNF (405.1137(g)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET							
F857	1. Written records of committee activities are maintained.							
F858	2. Appropriate reports, signed by the committee chairman, are made regularly to the medical staff, administrative staff, governing body, and sponsors (if any).							
F859	3. Minutes of each committee meeting is maintained and include at least:							
	a. Name of committee.							
F860	b. Date and duration of meeting.							
F861	c. Names of committee members present and absent.							

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NAME OF FACILITY CODE	UTILIZATION REVIEW CODE	YES NO N/A	EXPLANATORY STATEMENT
F862	4. Description of activities presently in progress to satisfy the requirements for medical care evaluation studies, including the subject, reason for study, dates of commencement and expected completion, summary of studies completed since the last meeting, conclusions and follow-up on implementation of recommendations made from previous studies.		
F863	5. Summary of extended duration cases reviewed including the number of cases, identification number, admission and review dates, and decision reached, including the basis for each determination and action taken for each case not approved for extended care.		
F864	H. Discharge Planning SNF (405.1137(h)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
	The facility maintains a centralized, coordinated program to ensure that each resident has a planned program of continuing care which meets his postdischarge needs.		
F865	1. The facility has in operation an organized discharge planning program.		
F866	The utilization review committee, in its evaluation of the current status of each extended duration case, has available to it the results of such discharge planning and information on alternative available community resources to which the resident may be referred.		
F867	2. The facility maintains written discharge planning procedures which describe:		
	a. How the discharge coordinator will function, and his authority and relationships with the facility's staff.		
F868	b. The maximum time period after which reevaluation of each resident's discharge plan is made.		

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§ 488.100**42 CFR Ch. IV (10-1-00 Edition)**

NAME OF FACILITY	CODE	UTILIZATION REVIEW	YES NO	N/A	EXPLANATORY STATEMENT
	F869	c. Local resources available to the facility, the resident, and the attending physician to assist in developing and implementing individual discharge plans; and			
	F870	d. Provisions for periodic review and reevaluation of the facility's discharge planning program.			
	F871	3. At the time of discharge, the facility provides those responsible for the resident's post discharge care with appropriate summary of information about the discharged resident to ensure the optimal continuity of care.			
		The discharge summary includes at least the following:			
	F872	a. Current information relative to diagnoses.			
	F873	b. Rehabilitation potential.			
	F874	c. A summary of the course of prior treatment.			
	F875	d. Physician orders for the immediate care of the resident.			
	F876	e. Pertinent social information.			

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§ 488.105

§ 488.105 Long term care survey forms, Part B.
DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0838-0400

PART B MEDICARE / MEDICAID SKILLED NURSING FACILITY AND INTERMEDIATE CARE FACILITY SURVEY REPORT

W CARE SURVEY	
PROVIDER NUMBER	FACILITY NAME AND ADDRESS (City, State, Zip)
VENDOR NUMBER	SURVEY DATE
SURVEYORS' NAMES	
TITLES	

SURVEY ITEM COMPOSITION

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Note: More than one discipline may be marked for surveyors qualified in multiple disciplines.

E2 Indicate the Total Number of Successes Oneill

FEDERAL BUDGET DEFICITS IN THE 1990S: A COMPARISON OF THE UNITED STATES AND OTHER COUNTRIES

(CONTINUED ON REVERSE)

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42 CFR Ch. IV (10-1-00 Edition)

PROVIDER NO.	CODE	F3	F4	F5	F6
		<input type="checkbox"/> MEDICARE	<input type="checkbox"/> MEDICAID	<input type="checkbox"/> OTHER	TOTAL RESIDENTS
RESIDENT CENSUS AND CONDITIONS OF RESIDENTS					
CONTINENCE					
F7	Number of residents requiring assistance in bathing more than one part of body—or does not bathe self.				F22 Number of residents with indwelling or external catheters.
F8	Number of residents requiring assistance in bathing only a single part (as back or disabled extremity) or bathes self completely.				F23 Number of residents with partial or total incontinence in urination or defecation—partial or total control by suppositories or enemas, regulated use of urinals and/or bedpans.
F9	TOTAL*				F24 Number of residents with urination and defecation entirely self-controlled.
DRESSING					
F10	Number of residents totally dressed by another person.				F25 —
F11	Number of residents needing assistance to dress self or remain partly dressed. (Exclude those residents totally dressed.)				F26 Number of residents who receive enteral/parenteral feedings.
F12	Number of residents able to get clothes from closets and drawers—puts on clothes, outer garments, braces—manages fasteners. Act of tying shoes is excluded.				F27 Number of residents who receive NG tube feedings.
F13	TOTAL*				F28 Number of residents who require assistance in act of eating.
FEEDING					
F14	Number of residents not toileted. (Use protective padding, catheter.)				F29 Number of residents who get food from plate or its equivalent into mouth—(pre-cutting of meat and preparation of food, buttering bread, opening cartons, removing plate covers, etc., are excluded from evaluation).
F15	Number of residents who must use a bedpan or commode and/or receive assistance in getting to and using a toilet.				F30 —
F16	Number of residents able to get to toilet—gets on and off toilet—cleans self—arranges clothes.				F31 Number of completely bedfast residents.
F17	TOTAL*				F32 Number of chairbound residents.
TOILETING					
F18	Number of residents needing assistance in all transfers (moving in or out of bed and/or chair, toilet, tub transfers).				F33 Number of physically restrained residents (belt, vest, cuffs).
F19	Number of residents needing assistance in transferring to toilet and tub only.				F34 Number of residents using orthopedic devices.
F20	Number of residents able to complete all transfers independently (may or may not be using mechanical supports).				F35 Number of confined or otherwise residents.
F21	Total*				F36 Number of residents with decubiti.
TRANSPORTING					
F22	Number of residents receiving intravenous therapy and/or blood transfusion.				F37 Number of residents on individualized written bowel and bladder retraining programs.
F23	Number of residents requiring no assistance in ADLs.				F38 Number of residents receiving special skin care.
F24	Number of residents requiring no assistance in ADLs and no administration of drugs.				F39 Number of residents receiving intracolostomy care.
F25	Number of residents requiring no assistance in ADLs and no administration of drugs.				F40 Number of residents receiving respiratory care.
F26	Number of residents receiving tracheotomy care.				F41 Number of residents receiving suctioning.
F27	Number of residents receiving physical therapy.				F42 Number of residents receiving speech pathology and audiology, occupational therapy.
F28	Number of residents receiving colostomy care.				F43 Number of residents receiving colostomy care.

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*MUST EQUAL TOTAL NUMBER OF RESIDENTS IN FACILITY

Form HCFA-519 (2-88)

Health Care Financing Administration, HHS

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NAME OF FACILITY	CODE	GOVERNING BODY (CONDITION OF PARTICIPATION)	EXPLANATORY STATEMENT	
			YES	NO
	F50	SNF (405.1121)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET
		RESIDENT RIGHTS		
	F51	SNF (405.1121(k)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET
		Indicators A thru K apply to this standard for SNFs.		
	F52	ICF (442.31) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET
		Indicators A thru K apply to this standard for ICFs.		
		A. Information		
	F53	1. The facility informs each resident, before or at the time of admission, of his/her rights and responsibilities.		
	F54	2. The facility informs each resident, before or at the time of admission, of all rules governing resident conduct.		
	F55	3. The facility informs each resident of amendments to their policies on residents' rights and responsibilities and rules governing conduct.		
	F56	4. Each resident acknowledges in writing receipt of residents' rights information and any amendment to it.		
	F57	5. The resident must be informed in writing of all services and charges for services.		
	F58	6. The resident must be informed in writing of all changes in services and charges before or at the time of admission and on a continuing basis.		
	F59	7. The resident must be informed of services not covered by Medicare or Medicaid and not covered in the basic rate.		

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42 CFR Ch. IV (10-1-00 Edition)

NAME OF FACILITY	CODE	GOVERNING BODY	YES NO	N/A	EXPLANATORY STATEMENT
B. Medical Condition and Treatment					
F60	1. Each resident is informed by a physician of his/her health and medical condition unless the physician decides that informing the resident is medically contraindicated.				
F61	2. Each resident is given an opportunity to participate in planning his/her total care and medical treatment.				
F62	3. Each resident is given an opportunity to refuse treatment.				
F63	4. Each resident gives informed, written consent before participating in experimental research.				
F64	5. If the physician decides that informing the resident of his/her health and medical condition is medically contraindicated, the physician has documented this decision in the resident's medical record.				
C. Transfer and Discharge					
F65	Each resident is transferred or discharged only for:				
F66	1. Medical reasons.				
F66	2. Higher welfare or that of other residents.				
F67	3. Nonpayment, except as prohibited by Title Medicaid.				
F68	4. Each resident is given reasonable advance notice to ensure orderly transfer or discharge.				
F68	Exception: Not required for ICF residents.				
D. Exercising Rights					
F69	1. Each resident is encouraged and assisted to exercise his/her rights as a resident of the facility and as a citizen.				
F70	2. Each resident is allowed to submit complaints and recommendations concerning the policies and services of the facility to staff or to outside representatives of the resident's choice or both.				

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Health Care Financing Administration, HHS

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NAME OF FACILITY	CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
	F71	3. Such complaints are submitted free from restraint, coercion, discrimination, or reprisal.				
	F72	E. Financial Affairs				
	F73	1. Residents are allowed to manage their own personal financial affairs.				
	F74	2. The facility establishes and maintains a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility at least on a quarterly basis.				
	F75	3. The facility does not commingle resident funds with any other funds.				
	F76	4. If a resident requests assistance from the facility in managing his/her personal financial affairs, resident's delegation is in writing.				
	F77	5. The facility system of accounting includes written receipts for:				
	F78	All personal possessions and funds received by or deposited with the facility.				
	F79	All disbursements made to or for the resident.				
	F80	6. The financial record must be available to the resident and his/her family.				
		F. Freedom from Abuse and Restraints				
	F79	1. Each resident is free from mental and physical abuse.				
	F80	2. Chemical and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.				

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42 CFR Ch. IV (10-1-00 Edition)

NAME OF FACILITY		CODE	GOVERNING BODY	YES	NO	N/A	EXPLANATORY STATEMENT
		F81	3. If used in emergencies, they are necessary to protect the resident from injury to himself/herself or others.				
		F82	4. The emergency use is authorized by a professional staff member identified in the written policies and procedures of the facility.				
		F83	5. The emergency use is reported promptly to the resident's physician by the staff member.				
	G. Privacy						
		F84	1. Each resident is treated with respect, consideration and full recognition of his/her dignity and individuality.				
		F85	2. Each resident is given privacy during treatment and care of personal needs.				
		F86	3. Each resident's records, including information in an automated data bank, are treated confidentially.				
		F87	4. Each resident must give written consent before the facility releases information from his/her record to someone not otherwise authorized to receive it.				
		F88	5. Married residents are given privacy during visits by their spouses.				
		F89	6. Married residents are permitted to share a room.				
	H. Work						
		F90	No resident may be required to perform services for the facility.				

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Form HCFA-519 (2-96)

Health Care Financing Administration, HHS

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NAME OF FACILITY	CODE	GOVERNING BODY	YES NO	N/A	EXPLANATORY STATEMENT
		I. Freedom of Association and Correspondence			
	F91	1. Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.			
	F92	2. Each resident is allowed to send and receive personal mail unopened.			
		J. Activities			
	F93	Each resident is allowed to participate in social, religious, and community group activities.			
		K. Personal Possessions			
	F94	Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.			
		L. Delegation of Rights and Responsibilities			
	F95	ICF (442.312) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
	F96	1. All the rights and responsibilities of a resident pass to the resident's guardian, next of kin or sponsoring agency or agencies if the resident is adjudicated incompetent under State law or is determined by his/her physician to be incapable of understanding his/her rights and responsibilities.			
	F97	2. Physician determinations of incapability and the specific reasons therefor are recorded by the physician in the resident's record.			

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42 CFR Ch. IV (10-1-00 Edition)

NAME OF FACILITY				EXPLANATORY STATEMENT	
CODE	GOVERNING BODY	YES	NO	N/A	
F98	SNF (405.1121(h)) (Standard)	<input checked="" type="checkbox"/> MET	<input type="checkbox"/> NOT MET		
F99	ICF (442.314) (Standard)	<input type="checkbox"/> MET	<input checked="" type="checkbox"/> NOT MET		
F100	1. Facility staff are knowledgeable about the problems and needs of the aged, ill, and disabled. 2. Facility staff practices proper techniques in providing care to the aged, ill, and disabled.				
F101	3. Facility staff practice proper technique for prevention and control of infection, fire prevention and safety, accident prevention, confidentiality of resident information, and preservation of resident dignity, including protection of privacy and personal and property rights.				
STATUS CHANGE NOTIFICATIONS					
F103	SNF (405.1121(i)) (Standard)	<input type="checkbox"/> MET	<input checked="" type="checkbox"/> NOT MET		
F104	ICF (442.307) (Standard)	<input type="checkbox"/> Met	<input checked="" type="checkbox"/> Not Met		
F105	1. The facility notifies the resident's attending physician and other responsible persons in the event of an accident involving the resident, or other significant change in the resident's physical, mental, or emotional status, or resident charges, billings, and related administrative matters. 2. Except in a medical emergency, a resident is not transferred or discharged, nor is treatment altered radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.				
F106					

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Form HCFA-519 (2-96)

NAME OF FACILITY	CODE	PHYSICIANS' SERVICES (CONDITION OF PARTICIPATION)	YES	NO	N/A	EXPLANATORY STATEMENT
						<input type="checkbox"/> MET
	F107	SNF (405.1123)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET		
	A. Medical Findings and Orders at Time of Admission					
	F108	SNF (405.1123(a)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET		
	F109	1. There is made available to the facility prior to or at the time of admission, resident information which includes current medical findings, diagnoses, and orders from a physician for immediate care of the resident.				
	F110	2. Information about the rehabilitation potential of the resident and a summary of prior treatment are made available to the facility at the time of admission or within 48 hours thereafter.				

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§ 488.105

42 CFR Ch. IV (10-1-00 Edition)

NAME OF FACILITY	CODE	PHYSICIANS' SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
	B. Resident Supervision by Physician					
	SNF (405.1123(b)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET			
F111	ICF (442.346) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET			
F112	Indicators B and C apply to this standard for ICFS.					
F113	1. Every resident must be under the supervision of a physician.					
F114	2. A physician prescribes a planned regimen of care based on a medical evaluation of each resident's immediate and long-term care needs.					
	Exception: Not required for ICF residents					
F115	3. A physician is available to provide care in the absence of any resident's attending physician.					
F116	4. Medical evaluation is done within 48 hours of admission unless done within 5 days prior to admission.					
	Exception: Not required for ICF residents.					
F117	5. Each resident is seen by their attending physician at least once every 30 days for the first 90 days after admission.					
	Exception: ICF residents must be seen every 60 days unless otherwise justified and documented by the attending physician.					
F118	6. Each resident's total program of care including medications and treatments is reviewed during a visit by the attending physician at least once every 30 days for the first 90 days and revised as necessary.					
	Exception: Only medications must be reviewed quarterly for ICF residents.					

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Form HCFA-519 (2-86)

NAME OF FACILITY		CODE	PHYSICIANS' SERVICES/NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT
F119	7. Progress notes are written and signed by the physician at the time of each visit, and all orders are signed by the physician.						
F120	8. Alternate physician visit schedules that exceed a 30-day schedule adopted after the 90th day following admission are justified by the attending physician in the medical record. These visits cannot exceed 60 days or apply to residents who require specialized rehabilitation schedules. EXCEPTION: Not required for ICF residents.						
C. Emergency Services							
F121	SNF (405.112(c)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F122	Emergency services from a physician are available and provided to each resident who requires emergency care.						
NURSING SERVICES (CONDITION OF PARTICIPATION)							
F123	SNF (405.1124)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F124	SNF (405.1124(c)) (Standard)	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met				
	Indicators A and B apply to this standard for SNFs.						
F125	ICF (442.338) Indicators A thru E apply to this standard for ICFs except where noted.	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met				
	A. The facility provides nursing services which are sufficient to meet nursing needs of all residents all hours of each day.						
F126	1. Each resident receives all treatments, medications and diet as prescribed. Deviations are reported and appropriate action is taken.						

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NAME OF FACILITY	CODE	NURSING SERVICES	EXPLANATORY STATEMENT	
			YES	NO
	F127	2. Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to engage in self care activity.		N/A
	F128	3. Each resident receives care necessary to prevent skin breakdown.		
	F129	4. Each resident with a decubitus receives care necessary to promote the healing of the decubitus including proper dressing.		
	F130	5. When residents require restraints the application is ordered by the physician, applied properly, and released at least every 2 hours.		
	F131	6. Each resident with incontinence is provided with care necessary to encourage continence including frequent toileting and opportunities for rehabilitative training.		
	F132	7. Each resident with a urinary catheter receives proper routine care including periodic evaluation.		
	F133	8. Each resident receives proper care for the following needs:		
		Injections Parenteral Fluids Colostomy/Ileostomy Respiratory Care Tracheostomy Care Suctioning Tube Feeding		
	F134	9. Infection Control Techniques are properly carried out in the provision of care to each resident.		

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NAME OF FACILITY	CODE	NURSING SERVICES	EXPLANATORY STATEMENT
		YES	NO
		N/A	
	F1.35	10. Proper nursing and sanitary procedures and techniques are used when medications are given to residents.	
	F1.36	11. Adequate resident care supplies are available for providing treatments.	
		B. Twenty-Four Hour Nursing Service	
	F1.37	1. Nursing personnel including registered nurses, licensed practical (vocational) nurses, nurse aides, orderlies, and ward clerks, are assigned duties consistent with their education and experience, and based on the characteristics of the resident load. EXCEPTION: Not required for ICFs.	
	F1.38	2. Weekly time schedules are maintained and indicate the number and classifications of nursing personnel including relief personnel, who worked on each unit for each tour of duty. (If a distinct part certification, show the staffing for the DP and, if appropriate, any nonparticipating remainder and explain any sharing of nursing personnel.)	
		Exception: Not required for Freestanding ICFs.	
	F1.39	3. There is a sufficient number of nursing staff available to meet the total needs of all residents.	
	F1.40	4. There is a registered nurse on the day tour of duty 7 days a week.	Exception: Not required for ICF residents.

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NAME OF FACILITY		CODE	NURSING SERVICES C. Charge Nurse SNF (405.1124(b))	(Standard) <input type="checkbox"/> MET <input checked="" type="checkbox"/> NOT MET	YES NO N/A	EXPLANATORY STATEMENT
CODE	NURSING SERVICES					
F141						
F142	1. A registered nurse or a qualified licensed practical (or vocational) nurse is designated as charge nurse by the director of nursing for each tour of duty. Exception: Not required for ICFs.					
F143	2. The director of nursing services does not serve as charge nurse in a facility with an average daily total occupancy of 60 or more residents. Exception: Not required for ICFs.					
F144	3. The ICF must have a registered nurse, or a licensed practical or vocational nurse full-time, 7 days a week, on the day shift. Exception: Not required for SNFs.					

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NAME OF FACILITY

List the number of full-time equivalents of RN's, LPN's, Aides/Orderlies assigned to nursing duty from the last 3 complete weeks. (Note only actual staff on duty.)

Shift	CODE	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7		
		RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DP	F145															
Entire Facility	F146															
DP	F147															
Entire Facility	F148															
DP	F149															
Entire Facility	F150															

Shift	CODE	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7		
		RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DP																
Entire Facility																
DP																
Entire Facility																
DP																
Entire Facility																

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NAME OF FACILITY

Shift	Code	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7		
		RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A	RN	PN	A
DP	F151															
Entire Facility	F152															
DP	F153															
Entire Facility	F154															
DP	F155															
Entire Facility	F156															

STAFFING PATTERN WORKSHEETS DAY OF SURVEY (OPTIONAL)ENTIRE FACILITY STAFFING PATTERN (DAY OF SURVEY)

CODE	REPORT	RN	PN	A
DAY	F157			
	REPORT			
	F158			
	ACTUAL			
EVENING	F159			
	REPORT			
	F160			
	ACTUAL			
NIGHT	F161			
	REPORT			
	F162			
	ACTUAL			

UNIT STAFFING PATTERN WORKSHEET (DAY OF SURVEY)

CODE	Unit						
DAY	F163						
	RN	PN	A	RN	PN	A	RN
EVENING	F164						
	RN	PN	A	RN	PN	A	RN
NIGHT	F165						
	RN	PN	A	RN	PN	A	RN
CENSUS	F166						

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NAME OF FACILITY	CODE	NURSING SERVICES	YES NO		EXPLANATORY STATEMENT
			NO	N/A	
	D	PATIENT CARE MANAGEMENT			
F167	SNF (405.1124(d))	(Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
F168	ICF (442.341)	(Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
F169	1. Each resident's needs are addressed in a written plan of care which demonstrates that the plans of all services are integrated, consonant with the physician's plan of medical care, and implemented shortly after admission.				
F170	2. Each professional service identifies needs, goals, plans, and evaluates the effectiveness of interventions, plus initiates changes in the plan of care in a timely manner.				
	E. Rehabilitative Nursing Services are performed daily, and recorded for those residents who require such service.				
F171	SNF (405.1124(e))	(Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
F172	ICF (442.342)	(Standard)	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	
F173	1. Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent immobility, deformities, and contractures.				
F174	2. There is an ongoing evaluation of each resident's rehabilitative nursing needs. This may include:				
F175	(a) Range of motion, ambulation, turning and positioning and other activities;				
F176	(b) Assistance and instruction in the activities of daily living such as feeding, dressing, grooming, oral hygiene and toilet activities;				
F177	(c) Remodelation therapy and/or reality orientation when appropriate.				
F178	3. These activities are coordinated with other resident care services.				

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NAME OF FACILITY CODE	NURSING SERVICES	YES	NO	N/A	EXPLANATORY STATEMENT	
					F. The facility has an awareness of nutritional needs and fluid intake of residents and provides prompt assistance where necessary in feeding residents.	
F173	SNF (405.1124(i)) (Standard)	<input type="checkbox"/>	<input checked="" type="checkbox"/> MET	<input type="checkbox"/>	NOT MET	
F180	1. Each resident is provided with the amount of food and fluid on a daily basis necessary to maintain their appropriate minimum average weight. Between meal feedings are offered and the amount consumed is observed. Daily food and fluid intake is observed and encouraged.					
I181	2. Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.					
F182	3. Deviations from normal food and fluid intake are recorded and reported to the charge nurse and the attending physician.					

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NAME OF FACILITY		NURSING SERVICES			YES NO N/A		EXPLANATORY STATEMENT	
CODE	G. Administration of Drugs	SNF (405.1124(g)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F183	ICF (442.337) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET					
F184	1. The resident is identified prior to administration of a drug.							
F185	2. Drugs and biologicals are administered as soon as possible after doses are prepared.							
F186	3. Administered by same person who prepared the doses for administration except under single unit dose package distribution systems.							
F187								
F188	Exception: ICF residents may self administer medication only with their physician's permission.							
H. Conformance with Physician Drug Orders								
F189	SNF (405.1124(h)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET					
F190	ICF (442.334) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET					
F191	Drugs are administered in accordance with written orders of the attending physician.							
F192	Drug Error Rate _____ % (See Form HCFA-522)							

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CODE	DIETETIC SERVICES (CONDITION OF PARTICIPATION)	YES	NO	N/A	EXPLANATORY STATEMENT	
					<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET
F193	SNF (405.1125)	<input type="checkbox"/>	<input type="checkbox"/>			
F194	ICF (442.332) (Standard) Indicators A and B apply to this standard for ICFs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A. Menus and Nutritional Adequacy						
F195	SNF (405.1125(b)) (Standard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F196	Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders and, to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.					
B. Therapeutic Diets						
F197	SNF (405.1125(c)) (Standard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F198	1. Therapeutic diets are prescribed by the attending physician.					
F199	2. Therapeutic menus are planned in writing, prepared, and served as ordered with supervision from the dietitian and advice from the physician whenever necessary.					
F200	Number of Regular Diets _____					
F201	Number of Therapeutic Diets _____					
F202	Number of Mechanically Altered Diets _____					
F203	Number of Tube Feedings _____					

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NAME OF FACILITY		CODE	DIETETIC SERVICES	YES NO N/A	EXPLANATORY STATEMENT
C. Preparation					
F204	SNF (405.1125(e))	(Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
F205	1. Food is prepared by methods that conserve its nutritive value and flavor.				
F206	2. Meals are palatable, served at proper temperatures. They are cut, ground, chopped, pureed or in a form which meets individual resident needs.				
F207	3. If a resident refuses food served, appropriate substitutes of similar nutritive value are offered.				
D. Frequency		CODE	DIETETIC SERVICES	YES NO N/A	EXPLANATORY STATEMENT
SNF (405.1125(d)) (Standard)					
F208	ICF (442.331)	(Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
F209	1. At least three meals are served daily at regular hours with not more than a 14-hour span between a substantial evening meal and breakfast.				
F210	2. To the extent medically possible, bedtime nourishments are offered to all residents.				
F211	Exception: Not required for ICF Residents.				
E. Staffing		CODE	DIETETIC SERVICES	YES NO N/A	EXPLANATORY STATEMENT
SNF (405.1125(a)) (Standard)					
F212	1. Food service personnel are on duty daily over a period of 12 or more hours.				
F213					

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NAME OF FACILITY		SPECIALIZED REHABILITATIVE SERVICES (CONDITION OF PARTICIPATION)		YES NO	N/A	EXPLANATORY STATEMENT
CODE		SNF (405.1126)		<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
F214						
F215	SNF (405.1126(b)) (Standard)			<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
F216	ICF (442.343) (Standard)			<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
	A. Plan of Care					
F217	Rehabilitative services are provided under a written plan of care, initiated by the attending physician and developed in consultation with appropriate therapist(s) and the nursing service.					
	B. Therapy					
F218	Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.					
	C. Progress					
F219	1. A report of the resident's progress is communicated to the attending physician within 2 weeks of the initiation of specialized rehabilitative services. Exception: ICF resident's progress must be reviewed regularly.					

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NAME OF FACILITY				
CODE	SPECIALIZED REHABILITATIVE SERVICES/PHARMACEUTICAL SERVICES	YES	NO	N/A
R220	2. The resident's progress is thereafter reviewed regularly, and the plan of rehabilitative care is reevaluated as necessary, but at least every 30 days, by the physician and the therapist. Exceptions: ICF residents' plans must be revised as necessary.			
F221	PHARMACEUTICAL SERVICES (CONDITION OF PARTICIPATION) SNF (405.1127)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
A. Supervision				
F222	SNF (405.1127(a)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
F223	ICF (442.336) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
F224	The pharmacist reviews the drug regimen of each resident at least monthly and reports any irregularities to the medical director and administrator.			

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NAME OF FACILITY	CODE	SOCIAL SERVICES(ACTIVITIES) CONDITION OF PARTICIPATION)	YES	NO	N/A	EXPLANATORY STATEMENT	
						<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET
	F233	SNF (405.1130)	<input type="checkbox"/>	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET		
	F234	SNF (405.1130(a)) (Standard)	<input type="checkbox"/>	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET		
	F235	ICF (442.344) (Standard)	<input type="checkbox"/>	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET		
		A. Plan					
	F236	The medically related social and emotional needs of the resident are identified.					
		B. Provision of Services					
	F237	1. Services are provided to meet the social and emotional needs by the facility or by referral to an appropriate social agency.					
	F238	2. If financial assistance is indicated, arrangements are made promptly for referral to an appropriate agency.					
		ACTIVITIES (CONDITION OF PARTICIPATION)					
	F239	SNF(405.1131)	<input type="checkbox"/>	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET		
		Provision of Services					
	F240	SNF (405.1131(b)) (Standard)	<input type="checkbox"/>	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET		

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NAME OF FACILITY CODE	ACTIVITIES	YES	NO	N/A	EXPLANATORY STATEMENT
					<input type="checkbox"/> ICFT (442.345) (§ 1396r(l))
F241	1. An ongoing program of meaningful activities is provided based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of their choice, if any.				
F242	2. Unless contraindicated by the attending physicians, each resident is encouraged to participate in the activities program.				
F243	3. The activities promote the physical, social and mental well-being of the resident.				
F244	4. Equipment is maintained in good working order.				
F245	5. Supplies and equipment are available.				
F246					

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CODE	NAME OF FACILITY	MEDICAL RECORDS (CONDITION OF PARTICIPATION)	YES	NO	N/A	EXPLANATORY STATEMENT	
						SNF (405.1132)	<input type="checkbox"/> MET
F247	Content	SNF (405.1132)(c) (Standard)	<input type="checkbox"/>	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET		
F248		ICF (442.318) (Standard)	<input type="checkbox"/>	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET		
F249			<input type="checkbox"/>	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET		
F250		1. The medical record contains sufficient information to identify the resident clearly, to justify diagnoses and treatment, and to document results accurately.					

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NAME OF FACILITY	CODE	MEDICAL RECORDS	YES	NO	N/A	EXPLANATORY STATEMENT
		2. The medical record contains the following information:				
	F251	a. Identification information				
	F252	b. Admission data including past medical and social history				
	F253	c. Transfer form, discharge summary from any transferring facility				
	F254	d. Report of resident's attending physician				
	F255	e. Report of physical examinations				
	F256	f. Reports of physicians' periodic evaluations and progress notes				
	F257	g. Diagnostic reports and therapeutic orders				
	F258	h. Reports of treatments				
	F259	i. Medications administered				
	F260	j. An overall plan of care setting forth goals to be accomplished through each service's designated activities, therapies and treatments.				
	F261	k. Assessments and goals of each service's plan of care				
	F262	l. Treatments and services rendered				
	F263	m. Progress notes				
	F264	n. All symptoms and other indications of illness or injury including date, time and action taken regarding each problem.				

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NAME OF FACILITY CODE	TRANSFER AGREEMENT (CONDITION OF PARTICIPATION)	YES	NO	N/A	EXPLANATORY STATEMENT	
					<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET
F265	SNF (405.1133)					
F266	SNF (405.113(a)) (Standard)	<input type="checkbox"/>	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET		
F267	ICF (442.316) (Standard)	<input type="checkbox"/>	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET		
F268	A. Whenever the attending physician determines that a transfer is medically appropriate between a hospital or a facility providing more specialized care and the nursing facility, admission to the new facility shall be effected in a timely manner.					
F269	B. Information necessary for providing care and treatment to transferred individuals is provided.					

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NAME OF FACILITY		CODE	PHYSICAL ENVIRONMENT (CONDITION OF PARTICIPATION)	YES	NO	N/A	EXPLANATORY STATEMENT	
F270	SNF (405.1134)		<input type="checkbox"/> MET <input type="checkbox"/> NOT MET					
A. Nursing Unit								
F271	SNF (405.1134(d)) (Standard)		<input type="checkbox"/> MET <input type="checkbox"/> NOT MET					
F272	1. The unit is properly equipped for preparation and storage of drugs and biologicals.							
F273	2. Utility and storage rooms are adequate in size.							
F274	3. The unit is equipped to register resident calls with a functioning communication system from resident areas including resident rooms and toilet and bathing facilities.							
B. Dining and Activities Area								
F275	SNF (405.1134(g)) (Standard)		<input type="checkbox"/> MET <input type="checkbox"/> NOT MET					
F276	ICF (442.329) (Standard)		<input type="checkbox"/> MET <input type="checkbox"/> NOT MET					
F277	1. The facility provides one or more clean, orderly and appropriately furnished rooms of adequate size, designated for resident dining and resident activities.							
F278	2. Dining and activity rooms are well lighted and ventilated.							
F279	3. Any multipurpose room used for dining and resident activities has sufficient space to accommodate all activities and prevent their interference with each other.							

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NAME OF FACILITY	CODE	PHYSICAL ENVIRONMENT	YES NO N/A	EXPLANATORY STATEMENT	
				INDICATORS C AND D APPLY TO THIS STANDARD FOR SNF	ICF (442.325) (Standard)
	F280	SNF (405.1134(e)) (Standard)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET	C. Resident Rooms	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET
	F281	ICF (442.325) (Standard)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET	1. Single resident rooms have at least 100 square feet.	
	F282	2. Multiple resident rooms have no more than four residents and at least 80 square feet per resident.			
	F283	3. Each room is equipped with or conveniently located near toilet and bathing facilities.			
	F284	4. There is capability of maintaining privacy in each.			
	F285	5. There is adequate storage space for each resident.			
	F286	6. There is a comfortable and functioning bed and chair plus a functional cabinet and light.			
	F287	7. The resident call system functions in resident rooms.			
	F288	8. Each room is designed and equipped for adequate nursing care and the comfort and privacy of the residents.			
	F289	9. Each room is at or above grade level.			
	F290	10. Each room has direct access to a corridor and outside exposure.			
	F291	Exception: Not required for ICF residents.			

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NAME OF FACILITY		CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
D. Toilet and Bath Facilities							
F292	ICF (442.526) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F293	1. Facilities are clean, sanitary and free of odors.						
F294	2. Facilities have safe and comfortable hot water temperatures.						
F295	3. Facilities maintain privacy.						
F296	4. Facilities have grab bars and other safeguards against slipping.						
F297	5. Facilities have fixtures in good condition.						
F298	6. The resident call system functions in toilet and bath facilities.						
E. Social Service Area		CODE	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
SNF (405.1130(b)) (Standard)							
F299							
F300	1. Ensures privacy for social service interviewing,						
F301	2. Adequate space for clerical and interviewing functions is provided.						
F302	3. Facilities are easily accessible to residents and staff.						

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CODE	NAME OF FACILITY	PHYSICAL ENVIRONMENT	YES	NO	NA	EXPLANATORY STATEMENT	
						F.	G.
F303	F. Therapy Areas	SNF (405.1126(a)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET			
F304	ICF (442.328(a))		<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET			
F305	1. Space is adequate for proper use of equipment by all residents receiving treatments.						
F306	2. Equipment is safe and in proper working condition.						
F307	G. Facilities for Special Care	SNF (405.1134(l)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET			
F308	ICF (442.328(b))		<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET			
F309	1. Single rooms with private toilet and handwashing facilities are available for isolating residents.						
F310	2. Precautionary signs are used to identify these rooms when in use.						
F311	H. Common Resident Areas	SNF (405.1134(l)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET			
F312	ICF (442.324) (Standard)		<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET			
F313	1. All common resident areas are clean, sanitary and free of odors.						
F314	2. Provision is made for adequate and comfortable lighting levels in all areas.						
F315	3. There is limitation of sounds at comfort levels.						

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NAME OF FACILITY	PHYSICAL ENVIRONMENT	YES	NO	N/A	EXPLANATORY STATEMENT
CODE					
F316	4. A comfortable room temperature is maintained.				
F317	5. There is adequate ventilation through windows or mechanical means or a combination of both.				
F318	6. Corridors are equipped with firmly secured handrails on each side.				
F319	7. Staff are aware of procedures to ensure water to all essential areas in the event of loss of normal supply.				
I. Maintenance of Building and Equipment					
F320	SNF (405.1134(l)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F321	1. The interior and exterior of the building are clean and orderly.				
F322	2. All essential mechanical and electrical equipment is maintained in safe operating condition.				
F323	3. Sufficient storage space is available and used for equipment to ensure that the facility is orderly and safe.				
F324	4. Resident care equipment is clean and maintained in safe operating condition.				
F325	ICF (442.331(b)) Indicators J thru L apply to ICFs. <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
J. Dietetic Service Areas					
F326	SNF (405.1134(l)) (Standard) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET				
F327	1. Kitchen and dietetic service areas are adequate to insure proper, timely food services for all residents				
F328	2. Kitchen areas are properly ventilated, arranged, and equipped for storage and preparation of food as well as for dish and utensil cleaning, and refuse storage and removal.				

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NAME OF FACILITY		CODE	PHYSICAL ENVIRONMENT/INFECTION CONTROL	YES	NO	N/A	EXPLANATORY STATEMENT
		K.	HYGIENE OF DIETARY STAFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		F329	SNF (405.1125(t)) (Standard)	<input type="checkbox"/>	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	
		F330	Dietetic service personnel practice hygienic food handling techniques.				
		L.	DIETARY SANITARY CONDITIONS				
		F331	SNF (405.1125(g)) (Standard)	<input type="checkbox"/>	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met	
		F332	1. Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.				
		F333	2. Waste is disposed of properly.				
		M.	Emergency Power	<input type="checkbox"/>	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
		F334	SNF (405.1134(b)) (Standard)	<input type="checkbox"/>	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
		F335	1. An emergency source of electrical power necessary to protect the health and safety of residents is available in the event the normal electrical supply is interrupted.				
		F336	2. Emergency power is adequate at least for lighting in all means of egress; equipment to maintain fire detection, alarm, and extinguishing systems, and life safety support systems.				
		F337	3. Emergency power is provided by an emergency electrical generator located on the premises where life support systems are used.				
INFECTION CONTROL (CONDITION OF PARTICIPATION)							
		F338	SNF (405.1135)	<input type="checkbox"/>	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
		A.	Infection Control				
		F339	SNF (405.1135(b)) (Standard)	<input type="checkbox"/>	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET	
		F340	Aseptic and isolation techniques are followed by all personnel.				

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Form HCFA-419 (2-86)

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NAME OF FACILITY		CODE	INFECTION CONTROL/DISASTER PREPAREDNESS	YES	NO	N/A	EXPLANATORY STATEMENT
B. Sanitation							
F341	SNF (405.1135(c)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F342	The facility maintains a safe, clean, and orderly interior.						
C. Linen							
F343	SNF (405.1135(d)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F344	ICF (442.327) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F345	1. The facility has available at all times a quantity of linen essential for proper care and comfort of residents.						
F346	2. Linens are handled, stored, processed, and transported in such a manner as to prevent the spread of infection.						
D. PEST CONTROL							
F347	SNF (405.1135(e)) (Standard)	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met				
F348	ICF (442.315(c)) (Standard)	<input type="checkbox"/> Met	<input type="checkbox"/> Not Met				
F349	The facility is maintained free from insects and rodents.						
DISASTER PREPAREDNESS (CONDITION OF PARTICIPATION)							
F350	SNF (405.1136)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F351	SNF (405.1136(a)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
F352	ICF (442.313) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET				
	Indicators A and B apply to this standard for ICFs.						
A. Disaster Plan							
F353	1. Facility staff are aware of plans, procedures to be followed for fire, explosion or other disaster.						

Form HCFS-419 (7-86)
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NAME OF FACILITY	CODE	DISASTER PREPAREDNESS	YES	NO	N/A	EXPLANATORY STATEMENT
	F354	2. Facility staff are knowledgeable about evacuation routes.				
	F355	3. Facility staff are aware of their specific responsibilities in regard to evaluation and protection of residents.				
	F356	4. Facility staff are aware of methods of containing fire.				
	B. Drills					
	F357	SNF (405.113(b)) (Standard)	<input type="checkbox"/> MET	<input type="checkbox"/> NOT MET		
	F358	1. All employees are trained, as part of their employment orientation in all aspects of preparedness for any disaster.				
	F359	2. Facility staff participate in ongoing training and drills in all procedures so that each employee promptly and correctly carries out a specific role in case of a disaster.				

Form HCFA-619 (2-96)

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SKILLED NURSING FACILITY & INTERMEDIATE CARE FACILITY

SURVEY REPORT — PART B

CRUCIAL DATA EXTRACT

(To be used with 2-86 Revision of Form HCFA-618)

PROVIDER NO.	FACILITY NAME	SURVEY DATE
--------------	---------------	-------------

SURVEY TEAM COMPOSITION

*F1: INDICATE THE NUMBER OF SURVEYORS ACCORDING TO DISCIPLINE:

A. _____	ADMINISTRATOR	H. _____	LIFE SAFETY CODE SPECIALIST
B. _____	NURSE	I. _____	LABORATORIAN
C. _____	DIETITIAN	J. _____	SANITARIAN
D. _____	PHARMACIST	K. _____	THERAPIST
E. _____	RECORDS ADMINISTRATOR	L. _____	PHYSICIAN
F. _____	SOCIAL WORKER	M. _____	NATIONAL INSTITUTE OF MENTAL HEALTH
G. _____	QUALIFIED MENTAL RETARDATION PROFESSIONAL	N. _____	OTHER

NOTE: MORE THAN ONE DISCIPLINE MAY BE MARKED FOR SURVEYORS QUALIFIED IN MULTIPLE DISCIPLINES.

*F2: INDICATE THE TOTAL NUMBER OF SURVEYORS ONSITE: _____

*F193 DRUG ERROR RATE: _____% (Round % to nearest whole number.)

*SF5 Survey Form Indicator (Check one)

Traditional Survey

(1)

New LTC Survey

(2)

NOTE: PLEASE ATTACH COPY OF PAGES 2, 14 AND 15.

*Mandatory

Form HCFA-618E (2-86)

*U.S. GOVERNMENT PRINTING OFFICE : 1986 O - 153-203 : G.L. 3

Health Care Financing Administration, HHS

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

RESIDENTS SELECTED FOR INDEPTH REVIEW

PROVIDER NUMBER	SURVEY DATE	REASON FOR SELECTION	
		RESIDENT NAME (TARGETED)*	ROOM NUMBER
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

* FORM HCFA-220 (2-86) • NOTE IF ICF OR SNF RESIDENT

FORM HCFA-220 (2-86) • U.S. GOVERNMENT PRINTING OFFICE: 1984 O-1811-2945-39-34

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0400

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42 CFR Ch. IV (10-1-00 Edition)

TOUR NOTES WORKSHEET																																					
PROVIDER NUMBER	SURVEY DATE																																				
<table border="1"> <thead> <tr> <th colspan="2">INSTRUCTIONS</th> <th>INDEPTH SAMPLE</th> </tr> </thead> <tbody> <tr> <td colspan="2"> 1. Note care and problems in care on all units. 2. Report deficiencies directly to survey report form or evaluate further during in-depth sample review. 3. Select residents for in-depth review. 4. Select a proportionate number from each section. </td> <td> Facility Census 0-60 61-120 121-200 200+ Sample Size (Min 10) 25% 20% 15% (Max 50) (Min 5) (Max 25) (Max 50) </td> </tr> <tr> <td colspan="3"> OBSERVE RESIDENTS FOR THE FOLLOWING CARE PROBLEMS </td> </tr> <tr> <td colspan="3">GROOMING/PERSONAL HYGIENE</td> </tr> <tr> <td colspan="3">POSITIONING</td> </tr> <tr> <td colspan="3">ASSISTIVE DEVICES</td> </tr> <tr> <td colspan="3">AMBULATION</td> </tr> <tr> <td colspan="3">RESTRANTS</td> </tr> <tr> <td colspan="3">HYDRATION</td> </tr> <tr> <td colspan="3">INFECTION CONTROL</td> </tr> <tr> <td colspan="3">PATIENT RIGHTS</td> </tr> <tr> <td colspan="3">OTHER</td> </tr> </tbody> </table>		INSTRUCTIONS		INDEPTH SAMPLE	1. Note care and problems in care on all units. 2. Report deficiencies directly to survey report form or evaluate further during in-depth sample review. 3. Select residents for in-depth review. 4. Select a proportionate number from each section.		Facility Census 0-60 61-120 121-200 200+ Sample Size (Min 10) 25% 20% 15% (Max 50) (Min 5) (Max 25) (Max 50)	OBSERVE RESIDENTS FOR THE FOLLOWING CARE PROBLEMS			GROOMING/PERSONAL HYGIENE			POSITIONING			ASSISTIVE DEVICES			AMBULATION			RESTRANTS			HYDRATION			INFECTION CONTROL			PATIENT RIGHTS			OTHER		
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		*U.S. GPO: 1980 O-181-284-53827																																			
FORM HCFA-521 (2-86)																																					

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OBSERVATION / INTERVIEW RECORD REVIEW WORKSHEET

PROVIDER NUMBER SURVEY DATE OBSERVATION/INTERVIEW OF: (RESIDENT IDENTIFIER)

INSTRUCTIONS

1. Observe each resident in sample to identify ADL needs and potential problems. Check appropriate blocks.
2. Interview only residents in sample who are capable and willing.
3. Review each resident's record to ensure assessments, plans, interventions and evaluations are appropriate and current.
4. Note deficiencies on survey report form after reviewing all residents in sample.

INSTITUTIONAL NEEDS		REHABILITATION NEEDS		ACTIVITY NEEDS	
ADL's	BATHING	RESTRAINTS	COLOSTOMY/ILEOSTOMY	RESPIRATORY	Participating
	<input type="checkbox"/> Bathing	<input type="checkbox"/> Face	<input type="checkbox"/> Frequent	<input type="checkbox"/> Congested/Short	<input type="checkbox"/> Not Participating
	<input type="checkbox"/> Dressing	<input type="checkbox"/> Oral/Dental Hygiene	<input type="checkbox"/> Inappropriate Application	<input type="checkbox"/> Breathing	<input type="checkbox"/> Vision/Hearing
	<input type="checkbox"/> Transferring	<input type="checkbox"/> Foot Care	<input type="checkbox"/> Improper Body	<input type="checkbox"/> IPPB Not Available	<input type="checkbox"/> Chair/Bedrest
	<input type="checkbox"/> Continence	<input type="checkbox"/> Facial Hair	<input type="checkbox"/> Alignment/Support	<input type="checkbox"/> Oxygen Not Available	<input type="checkbox"/> Dependence ≥ 4 ADL's
	<input type="checkbox"/> Feeding	<input type="checkbox"/> Hair/Scalp	<input type="checkbox"/> Not Released/excised	<input type="checkbox"/> Improper Equipment Use	<input type="checkbox"/> Assistive Device
		<input type="checkbox"/> Nails	<input type="checkbox"/> Every 2 hours	<input type="checkbox"/> Equipment Inadequate	<input type="checkbox"/> Improper Technique
		<input type="checkbox"/> Clothing	<input type="checkbox"/> Chemically Restrained	<input type="checkbox"/> Equipment Inadequate	<input type="checkbox"/> Equipment Inadequate
		<input type="checkbox"/> Shoes/Slippers			<input type="checkbox"/> Privacy Not Maintained
		<input type="checkbox"/> Odors			<input type="checkbox"/> Staff Not Courteous
Skin	TEARS/WOUNDS	POWDER/BLADDER	FECAL/URINARY	SOCIAL SERVICE NEEDS	<input type="checkbox"/> Non informed of Rights
	<input type="checkbox"/> Ulcers	<input type="checkbox"/> Incontinent	<input type="checkbox"/> Fecal Incorrigible/Stopped	<input type="checkbox"/> Non Oriented	<input type="checkbox"/> Mental/Physical Abuse
	<input type="checkbox"/> Rashes	<input type="checkbox"/> Not Routinely Toileted	<input type="checkbox"/> Dressing Unclean	<input type="checkbox"/> Non Able to Converse	<input type="checkbox"/> Cannot Exercise Rights
	<input type="checkbox"/> Flaking	<input type="checkbox"/> Commode Not Available	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Unsat. Skin	<input type="checkbox"/> Cannot Manage Affairs
	<input type="checkbox"/> Scaling	<input type="checkbox"/> Contracted	<input type="checkbox"/> Improper Label	<input type="checkbox"/> Wind/Drain	
	<input type="checkbox"/> Red Area	<input type="checkbox"/> Extremities	<input type="checkbox"/> Outdated Solution	<input type="checkbox"/> Swollen/Red Tongue	
		<input type="checkbox"/> Improper Position	<input type="checkbox"/> Improper Device	<input type="checkbox"/> Bleeding Gums	
			<input type="checkbox"/> No Protective Device	<input type="checkbox"/> Cracked Lips	
			<input type="checkbox"/> ROM Improper	<input type="checkbox"/> Unable to Chew	
			<input type="checkbox"/> Lack of turning as	<input type="checkbox"/> Vision/Hearing Needs	
DECUBITUS	POSITIONING	DRUGS	TRACHEOSTOMY	<input type="checkbox"/> SWALLOWING PROB.	<input type="checkbox"/> Mentally Retarded
	<input type="checkbox"/> Need Present	<input type="checkbox"/> Inappropriate	<input type="checkbox"/> Present	<input type="checkbox"/> Palor	
	<input type="checkbox"/> Contracted	<input type="checkbox"/> Schedule Not Available	<input type="checkbox"/> Site Held/Swollen		
	<input type="checkbox"/> Extended	<input type="checkbox"/> Commode Not Available	<input type="checkbox"/> Obstructed	<input type="checkbox"/> OTHER	
	<input type="checkbox"/> Red Area	<input type="checkbox"/> Schedule Not Available	<input type="checkbox"/> Urine Clean	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> Improper Position	<input type="checkbox"/> Improper Suctioning		
			<input type="checkbox"/> Equipment Not Available		
			<input type="checkbox"/> Vomits		
			<input type="checkbox"/> Dehydrated		
			<input type="checkbox"/> Dried/Fuse Weight		
PRESSINGS	CALCULATOR	FEEDING	ARTIFICIAL BREATHING	<input type="checkbox"/> Diet/Adv. Constipation	
	<input type="checkbox"/> Grade	<input type="checkbox"/> Present	<input type="checkbox"/> No I/C Recording	<input type="checkbox"/> Poor Skin Condition	
	<input type="checkbox"/> Foul Odor	<input type="checkbox"/> Absent	<input type="checkbox"/> AIC Recording	<input type="checkbox"/> Poor Mouth Condition	
	<input type="checkbox"/> Drawing	<input type="checkbox"/> Inappropriate	<input type="checkbox"/> Supply Storage Unclean	<input type="checkbox"/> Equipment Not Available	
	<input type="checkbox"/> Dressing	<input type="checkbox"/> Poor Drainage	<input type="checkbox"/> Need Present	<input type="checkbox"/> Improper Technique	
	<input type="checkbox"/> Undress	<input type="checkbox"/> Drainage System Open	<input type="checkbox"/> Labored Breathing		
	<input type="checkbox"/> Not Dry	<input type="checkbox"/> No Urine in Bag	<input type="checkbox"/> No Intake		
	<input type="checkbox"/> Not Tight	<input type="checkbox"/> Urine Leaking	<input type="checkbox"/> Impaired Respiration		
	<input type="checkbox"/> Poor Technique	<input type="checkbox"/> Abdomen Distended	<input type="checkbox"/> Hypoventilation		
		<input type="checkbox"/> Taping Not Clean	<input type="checkbox"/> Hypoventilation		
INFECTIONS	PRESSURES	SUICIDING	<input type="checkbox"/> Impaired Breathing		
	<input type="checkbox"/> Present	<input type="checkbox"/> Supply Storage Unclean	<input type="checkbox"/> Hypoventilation		
	<input type="checkbox"/> Ulcer Can	<input type="checkbox"/> No Intake	<input type="checkbox"/> Hypoventilation		
	<input type="checkbox"/> Ulcer Fingertip	<input type="checkbox"/> No Intake	<input type="checkbox"/> Hypoventilation		
	<input type="checkbox"/> Ulcer Toe	<input type="checkbox"/> No Intake	<input type="checkbox"/> Hypoventilation		
	<input type="checkbox"/> Ulcer Foot	<input type="checkbox"/> No Intake	<input type="checkbox"/> Hypoventilation		
	<input type="checkbox"/> Ulcer Hand	<input type="checkbox"/> No Intake	<input type="checkbox"/> Hypoventilation		
	<input type="checkbox"/> Ulcer Eye	<input type="checkbox"/> No Intake	<input type="checkbox"/> Hypoventilation		
	<input type="checkbox"/> Ulcer Ear	<input type="checkbox"/> No Intake	<input type="checkbox"/> Hypoventilation		
	<input type="checkbox"/> Ulcer Nose	<input type="checkbox"/> No Intake	<input type="checkbox"/> Hypoventilation		
RESIDENTIACIS	RESIDENTIACIS	RESIDENTIACIS	<input type="checkbox"/> Hypoventilation		
	<input type="checkbox"/> Present	<input type="checkbox"/> Resident	<input type="checkbox"/> Hypoventilation		
	<input type="checkbox"/> Ulcer Can	<input type="checkbox"/> Resident	<input type="checkbox"/> Hypoventilation		
	<input type="checkbox"/> Ulcer Fingertip	<input type="checkbox"/> Resident	<input type="checkbox"/> Hypoventilation		
	<input type="checkbox"/> Ulcer Toe	<input type="checkbox"/> Resident	<input type="checkbox"/> Hypoventilation		
	<input type="checkbox"/> Ulcer Foot	<input type="checkbox"/> Resident	<input type="checkbox"/> Hypoventilation		
	<input type="checkbox"/> Ulcer Hand	<input type="checkbox"/> Resident	<input type="checkbox"/> Hypoventilation		
	<input type="checkbox"/> Ulcer Eye	<input type="checkbox"/> Resident	<input type="checkbox"/> Hypoventilation		
	<input type="checkbox"/> Ulcer Ear	<input type="checkbox"/> Resident	<input type="checkbox"/> Hypoventilation		
	<input type="checkbox"/> Ulcer Nose	<input type="checkbox"/> Resident	<input type="checkbox"/> Hypoventilation		

NOTES:

Form HCFA 524 (2-86) SEE REVERSE

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42 CFR Ch. IV (10-1-00 Edition)

ASSESSMENT		RECORD REVIEW				PHYSICIAN SERVICES	
<input type="checkbox"/> Drug Regimen Review (See SCOM Appendix N Part 1) <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		ROUTINE REPORTS <input type="checkbox"/> Weights <input type="checkbox"/> Lab <input type="checkbox"/> X-ray <input type="checkbox"/> Other				SIGN ORDERS/NOTES <input type="checkbox"/> Signs Orders/Notes REQUIRED VISITS <input type="checkbox"/> Required Visits EMERGENCY AVAILABILITY <input type="checkbox"/> Emergency Availability REVIEW OF CARE <input type="checkbox"/> Review of Care	
ASSESSMENT		PLAN		INTERVENTION		EVALUATION	

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**DRUG ERROR CALCULATION
(SEE SOM Appendix N Part 2)**

How to Calculate a Medication Error Rate—In calculating the percentage of errors, the numerator in the ratio is the total number of errors that you observe, both significant and non-significant. The denominator is all the doses observed being administered plus the doses ordered but not administered. The equation for calculating a medication error rate is as follows:

$$\text{Medication Error Rate} = \frac{\text{Number of errors observed}}{\text{Opportunities for errors}} \times 100$$

Where: Opportunities for errors equals the number of doses administered plus the number of doses ordered but not administered.

Comments

For example, you observed the administration of drugs to 20 patients. There were a total of 47 drugs administered (47 opportunities for errors). At the completion of the reconciliation of your Observations with the physicians' orders, you find that three medication errors were made in administration and one medication was omitted (ordered but not administered). The omitted dose is included in both the numerator and the denominator. Therefore, following the above formula, your equation would be as follows:

$$\frac{3 + 1}{47 + 1} \times 100 = 8.3\%$$

* U.S.GPO:1988-O-181-264/53836

Health Care Financing Administration, HHS

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DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FIRM APPROVED OMB NO. 0938-0400
DINING AREA & EATING ASSISTANCE WORKSHEET		
PROVIDER NUMBER	SURVEY DATE	<i>INSTRUCTIONS</i>
<p>TASKS 1. Observe Dining Area 2. Note Meals Served/Review Physicians Orders:</p> <p style="text-align: right;">3. Note Assistance Provided 4. Note Deficiencies on Survey Summary Form.</p> <p style="text-align: center;">♦ SAMPLE A MINIMUM OF FIVE (5) RESIDENTS ♦</p>		
<p>1. DINING AREA AND MEALS</p> <ul style="list-style-type: none"> a. Size does not restrict movement. b. Accommodates all residents. c. Cleanliness. d. Adequate/comfortable lighting. e. Adequate/comfortable ventilation. <hr/> <p>2. SERVING OF MEALS *</p> <ul style="list-style-type: none"> a. Number of meals/time span between meal. b. Conformance to physicians order. c. Nutritional adequacy. d. Adequacy of portions. e. Residents eat approximately 75% of meals. f. Puree dishes served individually. g. Food cut, chopped or ground for individual resident needs. h. Acceptable taste. i. Proper temperature. j. Plates covered. 		

SEE REVERSE

FORM HCFA-529 (2-96)

§ 488.110

42 CFR Ch. IV (10-1-00 Edition)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0400

2. SERVING OF MEALS • (continued)

- k. Served promptly.
- l. Residents ready for meal when served.
- m. Attractive.
- n. Utensils available.
- o. Functional trays for bedfast residents.
- p. Salt, pepper, sugar, other condiments on resident's trays unless contraindicated.
- q. Medically able residents eating in dining area.
- r. Bedtime nourishment offered.

3. SUPERVISION OF RESIDENT NUTRITION

- a. Prompt assistance.
- b. Proper assistance (spoon-feeding; supervision or instruction to develop eating skills).
- c. Courteous and un hurried assistance.
- d. Self-help devices present (straws, easy grip utensils, special cup, etc.).
- e. Intake recorded/deviations from normal are reported.

§ 488.110 Procedural guidelines.

SNF/ICF Survey Process. The purpose for implementing a new SNF/ICF survey process is to assess whether the quality of care, as intended by the law and regulations, and as needed by the

resident, is actually being provided in nursing homes. Although the onsite review procedures have been changed, facilities must continue to meet all applicable Conditions/Standards, in order to participate in Medicare/Medicaid programs. That is, the methods used to

§ 488.110 (10-1-00 Edition) FORM HCFA-231 (2-86)
* 5 C.F.R. 1600.0-181.2(e), 5.34

compile information about compliance with law and regulations are changed; the law and regulations themselves are not changed. The new process differs from the traditional process, principally in terms of its emphasis on resident outcomes. In ascertaining whether residents grooming and personal hygiene needs are met, for example, surveyors will no longer routinely evaluate a facility's written policies and procedures. Instead, surveyors will observe residents in order to make that determination. In addition, surveyors will confirm, through interviews with residents and staff, that such needs are indeed met on a regular basis. In most reviews, then, surveyors will ascertain whether the facility is actually providing the required and needed care and services, rather than whether the facility is capable of providing the care and services.

THE OUTCOME-ORIENTED SURVEY PROCESS—SKILLED NURSING FACILITIES (SNFs) AND INTERMEDIATE CARE FACILITIES (ICFs)

- (a) General.
- (b) The Survey Tasks.
- (c) Task 1—Entrance Conference.
- (d) Task 2—Resident Sample—Selection Methodology.
- (e) Task 3—Tour of the Facility.
- (f) Task 4—Observation/Interview/Medical Record Review (including drug regimen review).
- (g) Task 5—Drug Pass Observation.
- (h) Task 6—Dining Area and Eating Assistance Observation.
- (i) Task 7—Forming the Deficiency Statement.
- (j) Task 8—Exit Conference.
- (k) Plan of Correction.
- (l) Followup Surveys.
- (m) Role of Surveyor.
- (n) Confidentiality and Respect for Resident Privacy.
- (o) Team Composition.
- (p) Type of Facility—Application of SNF or ICF Regulations.
- (q) Use of Part A and Part B of the Survey Report.
- (a) *General.* A complete SNF/ICF facility survey consists of three components:
 - Life Safety Code requirements;
 - Administrative and structural requirements (Part A of the Survey Report, Form HCFA-525); and

- Direct resident care requirements (Part B of the Survey Report, Form HCFA-519), along with the related worksheets (HCFA-520 through 524).

Use this survey process for all surveys of SNFs and ICFs—whether free-standing, distinct parts, or dually certified. Do not use this process for surveys of Intermediate Care Facilities for Mentally Retarded (ICFs/MR), swing-bed hospitals or skilled nursing sections of hospitals that are not separately certified as SNF distinct parts. Do not announce SNF/ICF surveys ahead of time.

(b) *The Survey Tasks.* Listed below are the survey tasks for easy reference:

- Task 1. Entrance Conference.
- Task 2. Resident Sample—Selection Methodology.
- Task 3. Tour of the Facility. Resident Needs. Physical Environment. Meeting with Resident Council Representatives. Tour Summation and Focus of Remaining Survey Activity.
- Task 4. Observation/Interview/Medical Record. Review of Each Individual in the Resident Sample (including drug regimen review).

- Task 5. Drug Pass Observation.
- Task 6. Dining Area and Eating Assistance Observation.
- Task 7. Forming the Deficiency Statement (if necessary).
- Task 8. Exit Conference.

(c) *Task 1—Entrance Conference.* Perform these activities during the entrance conference in every certification and recertification survey:

- Introduce all members of the team to the facility staff, if possible, even though the whole team may not be present for the entire entrance conference. (All surveyors wear identification tags.)

• Explain the SNF/ICF survey process as resident centered in focus, and outline the basic steps.

- Ask the facility for a list showing names of residents by room number with each of the following care needs/treatments identified for each resident to whom they apply:

- Decubitus care
- Restraints
- Catheters
- Injections
- Parenteral fluids
- Rehabilitation service

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- Colostomy/ileostomy care
- Respiratory care
- Tracheostomy care
- Suctioning
- Tube feeding

Use this list for selecting the resident sample.

- Ask the facility to complete page 2 of Form HCFA-519 (Resident Census) as soon as possible, so that the information can further orient you to the facility's population. In a survey of a SNF with a distinct part ICF, you may collect two sets of census data. However, consolidate the information when submitting it to the regional office. You may modify the Resident Census Form to include the numbers of licensed and certified beds, if necessary.
- Ask the facility to post signs on readily viewed areas (at least one on each floor) announcing that State surveyors are in the facility performing an "inspection," and are available to meet with residents in private. Also indicate the name and telephone number of the State agency. Hand-printed signs with legible, large letters are acceptable.

- If the facility has a Resident Council, make mutually agreeable arrangements to meet privately with the president and officers and other individuals they might invite.

- Inform the facility that interviews with residents and Resident Councils are conducted privately, unless they independently request otherwise, in order to enhance the development of rapport as well as to allay any resident anxiety. Tell the facility that information is gathered from interviews, the tour, observations, discussions, record review, and facility officials. Point out that the facility will be given an opportunity to respond to all findings.

(d) *Task 2—Resident Sample—Selection Methodology.* This methodology is aimed at formulating a sample that reflects the actual distribution of care needs/treatments in the facility population.

Primarily performed on a random basis, it also ensures representation in the sample of certain care needs and treatments that are assessed during the survey.

(1) *Sample Size.* Calculate the size of the sample according to the following guide:

42 CFR Ch. IV (10-1-00 Edition)

Number of residents in facility	Number of residents in sample ¹
0–60 residents.	25% of residents (minimum—10).
61–120 residents.	20% of residents (minimum—15).
121–200 residents.	15% of residents (minimum—24).
201+ residents.	10% of residents (minimum—30).

¹ Maximum—50.

Note that the calculation is based on the resident census, not beds. After determining the appropriate sample size, select residents for the sample in a random manner. You may, for example, select every fifth resident from the resident census, beginning at a random position on the list. For surveys of dually certified facilities or distinct part SNFs/ICFs, first use the combined SNF/ICF population to calculate the size of the sample, and then select a sample that reflects the proportions of SNF and ICF residents in the facility's overall population.

(2) *Special Care Needs/Treatments.* The survey form specifies several care needs/treatments that must always be reviewed when they apply to any facility residents. These include:

- Decubitus Care
- Restraints
- Catheters
- Injections, Parenteral Fluids, Colostomy/Ileostomy, Respiratory Care, Tracheostomy Care, Suctioning, Tube Feeding
- Rehabilitative Services (physical therapy, speech pathology and audiology services, occupational therapy)

Due to the relatively low prevalence of these care needs/treatments, appropriate residents may be either under-represented or entirely omitted from the sample. Therefore, determine during the tour how many residents in the random selection fall into each of these care categories. Then, compare the number of such residents in the random selection with the total number of residents in the facility with each specified care need/treatment (based on either the resident census or other information provided by the facility).

Review no less than 25 percent of the residents in each of these special care needs/treatments categories. For example, if the facility has 10 residents with

decubitus ulcers, but only one of these residents is selected randomly, review two more residents with decubitus ulcers (25% of 10 equals 2.5, so review a total of 3). Or, if the facility has two residents who require tube feeding, neither of whom is in the random selection, review the care of at least one of the these residents. This can be accomplished in the following manner:

Conduct in-depth reviews of the randomly selected residents and then perform limited reviews of additional residents as needed to cover the specified care categories. Such reviews are limited to the care and services related to the pertinent care areas only, e.g., catheters, restraints, or colostomy. Utilize those worksheets or portions of worksheets which are appropriate to the limited review. Refer to the Care Guidelines, as a resource document, when appropriate.

Always keep in mind that neither the random selection approach nor the review of residents within the specified care categories precludes investigation of other resident care situations that you believe might pose a serious threat to a resident's health or safety. Add to the sample, as appropriate.

(e) *Task 3—Tour of the Facility.* (1) *Purpose.* Conduct the tour in order to:

- Develop an overall picture of the types and patterns of care delivery present within the facility;
- View the physical environment; and
- Ascertain whether randomly selected residents are communicative and willing to be interviewed.

(2) *Protocol.* You may tour the entire facility as a team or separately, as long as all areas of the facility are examined by at least one team member. Success of the latter approach, however, is largely dependent on open intra-team communication and the ability of each team member to identify situations for further review by the team member of the appropriate discipline. You may conduct the tour with or without facility staff accompanying you, as you prefer. Facilities, however, vary in staff member availability. Record your notes on the Tour Notes Worksheet, Form HCFA-521.

Allow approximately three hours for the tour. Converse with residents, fam-

ily members/significant others (if present), and staff, asking open-ended questions in order to confirm observations, obtain additional information, or corroborate information, (e.g., accidents, odors, apparent inappropriate dress, adequacy and appropriateness of activities). Converse sufficiently with residents selected for in-depth review to ascertain whether they are willing to be interviewed and are communicative. Observe staff interactions with other staff members as well as with residents for insight into matters such as resident rights and assignments of staff responsibilities.

Always knock and/or get permission before entering a room or interrupting privacy. If you wish to inspect a resident's skin, observe a treatment procedure, or observe a resident who is exposed, courteously ask permission from the resident if she/he comprehends, or ask permission from the staff nurse if the resident cannot communicate. Do not do "hands-on" monitoring such as removal of dressings; ask staff to remove a dressing or handle a resident.

(3) *Resident Needs.* While touring, focus on the residents' needs—physical, emotional, psychosocial, or spiritual—and whether those needs are being met. Refer to the following list as needed:

- Personal hygiene, grooming, and appropriate dress
- Position
- Assistive and other restorative devices
- Rehabilitation issues
- Functional limitations in ADL
- Functional limitations in gait, balance and coordination
- Hydration and nutritional status
- Resident rights
- Activity for time of day (appropriate or inappropriate)
- Emotional status
- Level of orientation
- Awareness of surroundings
- Behaviors
- Cleanliness of immediate environment (wheelchair, bed, bedside table, etc.)
- Odors
- Adequate clothing and care supplies as well as maintenance and cleanliness of same

(4) *Review of the Physical Environment.* As you tour each resident's room and

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auxiliary rooms, also examine them in connection with the physical environment requirements. You need not document physical environment on the Tour Notes Worksheet. Instead, you may note any negative findings directly on the Survey Report Form in the remarks section.

(5) *Meeting With Resident Council Representatives.* If a facility has a Resident Council, one or more surveyors meet with the representatives in a private area. Facility staff members do not attend unless specifically requested by the Council. Explain the purpose of the survey and briefly outline the steps in the survey process, i.e., entrance conference * * * exit conference. Indicate your interest in learning about the strengths of the facility in addition to any complaints or shortcomings. State that this meeting is one part of the information gathering; the findings have not yet been completed nor the conclusions formulated. Explain further, however, that the official survey findings are usually available within three months after the completion of the survey, and give the telephone number of the State agency office.

Use this meeting to ascertain strengths and/or problems, if any, from the consumer's perspective, as well as to develop additional information about aspects of care and services gleaned during the tour that were possibly substandard.

Conduct the meeting in a manner that allows for comments about any aspect of the facility. (See the section on Interview Procedures.) Use open-ended questions such as:

- "What is best about this home?"
- "What is worst?"
- "What would you like to change?"

In order to get more detail, use questions such as:

- "Can you be more specific?"
- "Can you give me an example?"
- "What can anyone else tell me about this?"

If you wish to obtain information about a topic not raised by the residents, use an approach like the following:

- "Tell me what you think about the food/staff/cleanliness here."
- "What would make it better?"

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- "What don't you like? What do you like?"

(6) *Tour Summation and Focus of Remaining Survey Activity.* When the tour is completed, review the resident census data provided by the facility. Determine if the care categories specified in the section on Resident Sample are sufficiently represented in the random selection, make adjustments as needed, and complete the listing of residents on the worksheet labeled "Residents Selected for In-depth Review", Form HCFA-520.

Transcribe notes of a negative nature onto the SRF in the "Remarks" column under the appropriate rule. Findings from a later segment in the survey or gathered by another surveyor may combine to substantiate a deficiency. You need not check "met" or "not met" at this point in the survey. Discuss significant impressions/conclusions at the completion of each subsequent survey task, and transfer any negative findings onto the Survey Report Form in the Remarks section.

(f) *Task 4—Observation/Interview/Medical Record Review (including drug regimen review).* Perform the in-depth review of each individual in the resident sample in order to ascertain whether the facility is meeting resident needs. Evaluate specific indicators for each resident, utilizing the front and back of the "Observation/Interview/Record Review (OIRR)" worksheet, Form HCFA-524. You may prefer to perform the record review first, complete resident/staff/family observations and interviews, and finally, return to the record for any final unresolved issues. On the other hand, you may prefer to do the interviews first. Either method is acceptable. Whenever possible, however, complete one resident's observation/interview/medical record review and document the OIRR before moving onto another resident. If because of the facility layout, it is more efficient to do more than one record review at a time, limit such record review to two or three residents so your familiarity with the particular resident and continuity of the OIRR are not compromised.

(1) *Observation.* Conduct observations concurrently with interviews of residents, family/significant others, and

discussions with direct care staff [of the various disciplines involved. In multi-facility operations, whenever possible, observe staff that is regularly assigned to the facility in order to gain an understanding of the care and services usually provided.] Maintain respect for resident privacy. Minimize disruption of the operations of the facility or impositions upon any resident as much as possible. Based upon your observations of the residents' needs, gather information about any of the following areas, as appropriate:

Bowel and bladder training
Catheter care
Restraints
Injections
Parenteral fluids
Tube feeding/gastrostomy
Colostomy/ileostomy
Respiratory therapy
Tracheostomy care
Suctioning

(2) *Interviews.* Interview each resident in private unless he/she independently requests that a facility staff member or other individual be present. Conduct the in-depth interview in a nonthreatening and noninvasive fashion so as to decrease anxiety and defensiveness. The open-ended approach described in the section on the Resident Council is also appropriate for the in-depth interview. While prolonged time expenditure is not usually a worthwhile use of resources or the resident's time, do allow time initially to establish rapport.

At each interview:

- Introduce yourself.
- Address the resident by name.
- Explain in simple terms the reason for your visit (e.g., to assure that the care and services are adequate and appropriate for each resident).
- Briefly outline the process—entrance conference, tour, interviews, observations, review of medical records, resident interviews, and exit conference.
- Mention that the selection of a particular resident for an interview is not meant to imply that his/her care is substandard or that the facility provides substandard care. Also mention that most of those interviewed are selected randomly.

- Assure that you will strive for anonymity for the resident and that the interview is used in addition to medical records, observations, discussions, etc., to capture an accurate picture of the treatment and care provided by the facility. Explain that the official findings of the survey are usually available to the public about three months after completion of the survey, but resident names are not given to the public.

- When residents experience difficulty expressing themselves:

- Avoid pressuring residents to verbalize
- Accept and respond to all communication
- Ignore mistakes in word choice
- Allow time for recollection of words
- Encourage self-expression through any means available

- When interviewing residents with decreased receptive capacity:

- Speak slowly and distinctly
- Speak at conversational voice level
- Sit within the resident's line of vision

- Listen to all resident information/allegations without judgment. Information gathered subsequently may substantiate or repudiate an allegation.

The length of the interview varies, depending on the condition and wishes of the resident and the amount of information supplied. Expect the average interview, however, to last approximately 15 minutes. Courteously terminate an interview whenever the resident is unable or unwilling to continue, or is too confused or disoriented to continue. Do, however, perform the other activities of this task (observation and record review). If, in spite of your conversing during the tour, you find that less than 40 percent of the residents in your sample are sufficiently alert and willing to be interviewed, try to select replacements so that a complete OIRR is performed for a group this size, if possible. There may be situations, however, where the resident population has a high percentage of confused individuals and this percentage is not achievable. Expect that the information from confused individuals can be, but is not necessarily, less

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reliable than that from more alert individuals.

Include the following areas in the interview of each resident in the sample:

Activities of daily living
Grooming/hygiene
Nutrition/dietary
Restorative/rehabilitation care and services
Activities
Social services
Resident rights

Refer to the Care Guidelines "evaluation factors" as a resource for possible elements to consider when focusing on particular aspects of care and resident needs.

Document information obtained from the interviews/observations on the OIRR Worksheet. Record in the "Notes" section any additional information you may need in connection with substandard care or services. Unless the resident specifically requests that he/she be identified, do not reveal the source of the information gleaned from the interview.

(3) *Medical Record Review.* The medical record review is a three-part process, which involves first reconciling the observation/interview findings with the record, then reconciling the record against itself, and lastly performing the drug regimen review.

Document your findings on the OIRR Worksheet, as appropriate, and summarize on the Survey Report Form the findings that are indicative of problematic or substandard care. Be alert for repeated similar instances of substandard care developing as the number of completed OIRR Worksheets increases.

NOTE: The problems related to a particular standard or condition could range from identical (e.g., meals not in accordance with dietary plan) to different but related (e.g., nursing services—lapse in care provided to residents with catheters, to residents with contractures, to residents needing assistance for personal hygiene and residents with improperly applied restraints).

(i) *Reconciling the observation/interview findings with the record.* Determine if:

- An assessment has been performed.
- A plan with goals has been developed.

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- The interventions have been carried out.

- The resident has been evaluated to determine the effectiveness of the interventions.

For example, if a resident has developed a decubitus ulcer while in the facility, record review can validate staff and resident interviews regarding the facility's attempts at prevention. Use your own judgment; review as much of the record(s) as necessary to evaluate the care planning. Note that facilities need not establish specific areas in the record stating "Assessment," "Plan," "Intervention," or "Evaluation" in order for the documentation to be considered adequate.

(ii) *Reconciling the record with itself.* Determine:

- If the resident has been properly assessed for all his/her needs.

- That normal and routine nursing practices such as periodic weights, temperatures, blood pressures, etc., are performed as required by the resident's conditions.

(iii) *Performing the drug regimen review.* The purpose of the drug regimen review is to determine if the pharmacist has reviewed the drug regimen on a monthly basis. Follow the procedures in Part One of Appendix N, Surveyor Procedures for Pharmaceutical Service Requirements in Long-Term Care Facilities. Fill in the appropriate boxes on the top left hand corner of the reverse side of the OIRR Worksheet, Form HCFA-524. Appendix N lists many irregularities that can occur. Review at least six different indicators on each survey. However, the same six indicators need not be reviewed on every survey.

NOTE: If you detect irregularities and the documentation demonstrates that the pharmacist has notified the attending physician, do not cite a deficiency. Do, however, bring the irregularity to the attention of the medical director or other facility official, and note the official's name and date of notification on the Survey Report Form.

(g) *Task 5—Drug Pass Observation.* The purpose of the drug pass observation is to observe the actual preparation and administration of medications to residents. With this approach, there is no doubt that the errors detected, if any, are errors in drug administration, not

documentation. Follow the procedure in Part Two of Appendix N, Surveyor Procedures for Pharmaceutical Service Requirements in Long-Term Care Facilities, and complete the Drug Pass Worksheet, Form HCFA-522. Be as neutral and unobtrusive as possible during the drug pass observation. Whenever possible, select one surveyor, who is a Registered Nurse or a pharmacist, to observe the drug pass of approximately 20 residents. In facilities where fewer than 20 residents are receiving medications, review as many residents receiving medications as possible. Residents selected for the in-depth review need not be included in the group chosen for the drug pass; however, their whole or partial inclusion is acceptable. In order to get a balanced view of a facility's practices, observe more than one person administering a drug pass, if feasible. This might involve observing the morning pass one day in Wing A, for example, and the morning pass the next day in Wing B.

Transfer findings noted on the "Drug Pass" worksheet to the SRF under the appropriate rule. If your team concludes that the facility's medication error rate is 5 percent or more, cite the deficiency under Nursing Services/Administration of Drugs. Report the error rate under F209. If the deficiency is at the standard level, cite it in Nursing Services, rather than Pharmacy.

(h) *Task 6—Dining Area and Eating Assistance Observation.* The purpose of this task is to ascertain the extent to which the facility meets dietary needs, particularly for those who require eating assistance. This task also yields information about staff interaction with residents, promptness and appropriateness of assistance, adaptive equipment usage and availability, as well as appropriateness of dress and hygiene for meals.

For this task, use the worksheet entitled "Dining Area and Eating Assistance Observation" (Form HCFA-523). Observe two meals; for a balanced view, try to observe meals at different times of the day. For example, try to observe a breakfast and a dinner rather than two breakfasts. Give particular care to performing observations as unobtrusively as possible. Chatting with residents and sitting down nearby may

help alleviate resident anxiety over the observation process.

Select a minimum of five residents for each meal observation and include residents who have their meals in their rooms. Residents selected for the in-depth review need not be included in the dining and eating assistance observation; however, their whole or partial inclusion is acceptable. Ascertain the extent to which the facility assesses, plans, and evaluates the nutritional care of residents and eating assistance needs by reviewing the sample of 10 or more residents. If you are unable to determine whether the facility meets the standards from the sample reviewed, expand the sample and focus on the specific area(s) in question, until you can formulate a conclusion about the extent of compliance. As with the other survey tasks, transfer the findings noted on the "Dining & Eating Assistance Observation" worksheet to the Survey Report Form.

(i) *Task 7—Forming the Deficiency Statement.* (1) *General.* The Survey Report Form contains information about all of the negative findings of the survey. Be sure to transfer to the Survey Report Form data from the tour, drug pass observation, dining area and eating assistance observation, as well as in-depth review of the sample of residents. Transfer only those findings which could possibly contribute to a determination that the facility is deficient in a certain area.

Meet as a group in a pre-exit conference to discuss the findings and make conclusions about the deficiencies, subject to information provided by facility officials that may further explain the situation. Review the summaries/conclusions from each task and decide whether any further information and/or documentation is necessary to substantiate a deficiency. As the facility for additional information for clarification about particular findings, if necessary. Always consider information provided by the facility. If the facility considers as acceptable, practices which you believe are not acceptable, ask the facility to backup its contention with suitable reference material or sources and submit them for your consideration.

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(2) *Analysis.* Analyze the findings on the Survey Report Form for the degree of severity, frequency of occurrence and impact on delivery of care or quality of life. The threshold at which the frequency of occurrences amounts to a deficiency varies from situation to situation. One occurrence directly related to a life-threatening or fatal outcome can be cited as a deficiency. On the other hand, a few sporadic occurrences may have so slight an impact on delivery of care or quality of life that they do not warrant a deficiency citation. Review carefully all the information gathered. What may appear during observation as a pattern, may or may not be corroborated by records, staff, and residents. For example, six of the 32 residents in the sample are dressed in mismatched, poorly buttoned clothes. A few of the six are wearing slippers without socks. A few others are wearing worn clothes. Six occurrences might well be indicative of a pattern of substandard care. Close scrutiny of records, discussions with staff, and interviews reveal, however, that the six residents are participating in dressing retraining programs. Those residents who are without socks, chose to do so. The worn clothing items were also chosen—they are favorites.

Combinations of substandard care such as poor grooming of a number of residents, lack of ambulation of a number of residents, lack of attention to positioning, poor skin care, etc., can yield a deficiency in nursing services just as 10 out of 10 residents receiving substandard care for decubiti yields a deficiency.

(3) *Deficiencies Alleged by Staff or Residents.* If staff or residents allege deficiencies, but records, interviews, and observation fail to confirm the situation, it is unlikely that a deficiency exists. Care and services that are indeed confirmed by the survey to be in compliance with the regulatory requirements, but considered deficient by residents or staff, cannot be cited as deficient for certification purposes. On the other hand, if an allegation is of a very serious nature (e.g., resident abuse) and the tools of record review and observation are not effective because the problem is concealed, obtain as much information as possible or necessary to

ascertain compliance, and cite accordingly. Residents, family, or former employees may be helpful for information gathering.

(4) *Composing the Deficiency Statement.* Write the deficiency statement in terms specific enough to allow a reasonably knowledgeable person to understand the aspect(s) of the requirement(s) that is (are) not met. Do not delve into the facility's policies and procedures to determine or speculate on the root cause of a deficiency, or sift through various alternatives in an effort to prescribe an acceptable remedy. Indicate the data prefix tag and regulatory citation, followed by a summary of the deficiency and supporting findings using resident identifiers, not resident names, as in the following example.

F102 SNF 405.1123(b).—Each resident has not had a physician's visit at least once every 30 days for the first 90 days after admission. Resident #1602 has not been seen by a physician since she was admitted 50 days ago. Her condition has deteriorated since that time (formulation of decubiti, infections).

When the data prefix tag does not repeat the regulations, also include a short phrase that describes the prefix tag (e.g., F117 decubitus ulcer care). List the data tags in numerical order, whenever possible.

(j) *Task 8—Exit Conference.* The purpose of the exit conference is to inform the facility of survey findings and to arrange for a plan of correction, if needed. Keep the tone of the exit conference consistent with the character of the survey process—inspection and enforcement. Tactful, business-like, professional presentation of the findings is of paramount importance. Recognize that the facility may wish to respond to various findings. Although deficiency statements continue to depend, in part, on surveyor professional judgment, support your conclusions with resident-specific examples (identifiers other than names) whenever you can do so without compromising confidentiality. Before formally citing deficiencies, discuss any allegations or findings that could not be substantiated during earlier tasks in the process. For example, if information is gathered that suggests a newly hired

R.N. is not currently licensed, ask the facility officials to present current licensure information for the nurse in question. Identify residents when the substandard care is readily observed or discerned through record review. Ensure that the facility improves the care provided to all affected residents, not only the identified residents. Make clear to the facility that during a follow-up visit the surveyors may review residents other than those with significant problems from the original sample, in order to see that the facility has corrected the problems overall. Do not disclose the source of information provided during interviews, unless the resident has specifically requested you to inform the facility of his/her comments or complaints. In accordance with your Agency's policy, present the Statement of Deficiencies, form HCFA-2567, on site or after supervisory review, no later than 10 calendar days following the survey.

(k) *Plan of Correction.* Explain to the facility that your role is to identify care and services which are not consistent with the regulatory requirements, rather than to ascertain the root causes of deficiencies. Each facility is expected to review its own care delivery. Subsequent to the exit conference, each facility is required to submit a plan of correction that identifies necessary changes in operation that will assure correction of the cited deficiencies. In reviewing and accepting a proposed plan of correction, apply these criteria:

- Does the facility have a reasonable approach for correcting the deficiencies?
- Is there a high probability that the planned action will result in compliance?
- Is compliance expected timely?

Plans of correction specific to residents identified on the deficiency statement are acceptable only where the deficiency is determined to be unique to that resident and not indicative of a possible systemic problem. For example, as a result of an aide being absent, two residents are not ambulated three times that day as called for in their care plans. A plan of correction that says "Ambulate John Jones and Mary Smith three times per

day," is not acceptable. An acceptable plan of correction would explain changes made to the facility's staffing and scheduling in order to guarantee that staff is available to provide all necessary services for all residents.

Acceptance of the plan of correction does not absolve the facility of the responsibility for compliance should the implementation not result in correction and compliance. Acceptance indicates the State agency's acknowledgement that the facility indicated a willingness and ability to make corrections adequately and timely.

Allow the facility up to 10 days to prepare and submit the plan of correction to the State agency, however, follow your SA policy if the timeframe is shorter. Retain the various survey worksheets as well as the Survey Report Form at the State agency. Forward the deficiency statement to the HCFA regional office.

(l) *Follow-up Surveys.* The purpose of the follow-up survey is to re-evaluate the specific types of care or care delivery patterns that were cited as deficient during the original survey. Ascertain the corrective status of all deficiencies cited on the HCFA-2567. Because this survey process focuses on the actual provision of care and services, revisits are almost always necessary to ascertain whether the deficiencies have indeed been corrected. The nature of the deficiencies dictates the scope of the follow-up visit. Use as many tasks or portions of the Survey Report Form(s) as needed to ascertain compliance status. For example, you need not perform another drug pass if no drug related deficiencies were cited on the initial survey. Similarly, you need not repeat the dining area and eating assistance observations if no related problems were identified. All or some of the aspects of the observation/interview/medical record review, however, are likely to be appropriate for the follow-up survey.

When selecting the resident sample for the follow-up, determine the sample size using the same formula as used earlier in the survey, with the following exceptions:

- The maximum sample size is 30 residents, rather than 50.

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- The minimum sample size of 10 residents does not apply if only one care category was cited as deficient and the total number of residents in the facility in that category was less than 10 (e.g., deficiency cited under catheter care and only five residents have catheters).

Include in the sample those residents who, in your judgment, are appropriate for reviewing vis-a-vis the cited sub-standard care. If possible, include some residents identified as receiving sub-standard care during the initial survey. If after completing the follow-up activities you determine that the cited deficiencies were not corrected, initiate adverse action procedures, as appropriate.

(m) *Role of Surveyor.* The survey and certification process is intended to determine whether providers and suppliers meet program participation requirements. The primary role of the surveyor, then, is to assess the quality of care and services and to relate those findings to statutory and regulatory requirements for program participation.

When you find substandard care or services in the course of a survey, carefully document your findings. Explain the deficiency in sufficient detail so that the facility officials understand your rationale. If the cause of the deficiency is obvious, share the information with the provider. For example, if you cite a deficiency for restraints (F118), indicate that restraints were applied backwards on residents 1621, 1634, 1646, etc.

In those instances where the cause is not obvious, do not delve into the facility's policies and procedures to determine the root cause of any deficiency. Do not recommend or prescribe an acceptable remedy. The provider is responsible for deciding on and implementing the action(s) necessary for achieving compliance. For the restraint situation in the example above, you would not ascertain whether the improper application was due to improper training or lack of training, nor would you attempt to identify the staff member who applied the restraints. It is the provider's responsibility to make the necessary changes or corrections to

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ensure that the restraints are applied properly.

A secondary role for the surveyor is to provide general consultation to the provider/consumer community. This includes meeting with provider/consumer associations and other groups as well as participating in seminars. It also includes informational activities, whereby you respond to oral or written inquiries about required outcomes in care and services.

(n) *Confidentiality and Respect for Resident Privacy.* Conduct the survey in a manner that allows for the greatest degree of confidentiality for residents, particularly regarding the information gathered during the in-depth interviews. When recording observations about care and resident conditions, protect the privacy of all residents. Use a code such as resident identifier number rather than names on worksheets whenever possible. Never use a resident's name on the Deficiency Statement, Form HCFA-2567. Block out resident names, if any, from any document that is disclosed to the facility, individual or organization.

When communicating to the facility about substandard care, fully identify the resident(s) by name if the situation was identified through observation or record review. Improperly applied restraints, expired medication, cold food, gloves not worn for a sterile procedure, and diet inconsistent with order, are examples of problems which can be identified to the facility by resident name. Information about injuries due to broken equipment, prolonged use of restraints, and opened mail is less likely to be obtained through observation or record review. Do not reveal the source of information unless actually observed, discovered in the record review, or requested by the resident or family.

(o) *Team Composition.* Whenever possible, use the following survey team model:

SNF/ICF SURVEY TEAM MODEL

In facilities with 200 beds or less, the team size may range from 2 to 4 members. If the team size is:

- *2 members:* The team has at least one RN plus another RN or a dietitian or a pharmacist.

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- **3-4 member:** In addition to the composition described above, the team has one or two members of any discipline such as a social worker, sanitarian, etc.

If the facility has over 200 beds and the survey will last more than 2 days, the team size may be greater than 4 members. Select additional disciplines as appropriate to the facility's compliance history.

Average onsite time per survey: 60 person hours (Number of surveyors multiplied by the number of hours on site)

Preferably, team members have gerontological training and experience. Any member may serve as the team leader, consistent with State agency procedures. In followup surveys, select disciplines based on major areas of correction. Include a social worker, for example, if the survey revealed major psychosocial problems. This model does not consider integrated survey and Inspection of Care review teams, which typically would be larger.

(p) **Type of Facility—Application of SNF or ICF Regulations.** Apply the regulations to the various types of facilities in the following manner:

- | | |
|---|--|
| • Freestanding Skilled Nursing Facility (SNF) | Apply SNF regulations. |
| • Freestanding Intermediate Care Facility (ICF) | Apply ICF regulations. |
| • SNF Distinct Part of a Hospital | Apply SNF regulations. |
| • ICF Distinct Part of a Hospital | Apply ICF regulations. |
| • Dually Certified SNF/ICF | Apply SNF regulations and 442.346(b). |
| • Freestanding SNF with ICF Distinct Part (Regardless of the proportion of SNF and ICF beds, the facility type is determined by the higher level of care. Therefore, LTC facilities with distinct parts are defined as SNFs with ICF distinct parts.) | Apply SNF regulations for SNF unit.
Apply ICF regulations for ICF distinct part.
Apply both SNF and ICF regulations for shared services (e.g., dietary).
If the same deficiency occurs in both the SNF and ICF components of the facility, cite both SNF and ICF regulations.
If the deficiency occurs in the SNF part only, cite only the SNF regulation.
If the deficiency occurs in the ICF part only, cite only the ICF regulation. |

(q) **Use of Part A and Part B of the Survey Report.** (1) **Use of Part A (HCFA-525).**—Use Part A for initial certification surveys only, except under the following circumstances:

- When a terminated facility requests program participation 60 days or more after termination. Treat this situation as a request for initial certification and complete Part A of the survey report in addition to Part B.

- If an ICF with a favorable compliance history requests to convert a number of beds to SNF level, complete both Part A and Part B for compliance with the SNF requirements. If distinct part status is at issue, also examine whether it meets the criteria for certification as a distinct part.

(i) **Addendum for Outpatient Physical Therapy (OPT) or Speech Pathology Services.** Use the Outpatient Physical Therapy—Speech Pathology SRF (HCFA-1893) as an addendum to Part A.

(ii) **Resurvey of Participating Facilities.** Do not use Part A for resurveys of participating SNFs and ICFs. A determination of compliance, based on documented examination of the written policies and procedures and other pertinent documents during the initial survey, establishes the facility's compliance status with Part A requirements. This does not preclude citing deficiencies if they pertain to administrative or structural requirements from Part A that are uncovered incidental to a Part B survey. As an assurance measure, however, each facility at the time of recertification must complete an affidavit (on the HCFA-1516) attesting that no substantive changes have occurred that would affect compliance. Each facility must also agree to notify the State agency immediately of any upcoming changes in its organization or management which may affect its compliance status. If a new administrator is unable to complete the affidavit, proceed with the survey using the Part B form and worksheets; do not use the Part A form. The survey cannot be considered complete, however, until the affidavit is signed. If the facility fails to complete the affidavit, it cannot participate in the program.

(iii) **Substantial Changes in a Facility's Organization and Management.** If you receive such information, review the changes to ensure compliance with the regulations. Request copies of the appropriate documents (e.g., written policies and procedures, personnel qualifications, or agreements) if they were

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not submitted. If the changes have made continued compliance seem doubtful, determine through a Part B survey whether deficiencies have resulted. Cite any deficiencies on the HCFA-2567 and follow the usual procedures.

(2) *Use of Part B (HCFA-519).* Use Part B and the worksheets for all types of SNF and ICF surveys—initials, recertifications, followup, complaints, etc.

The worksheets are:

- HCFA-520—Residents Selected for In-depth Review
- HCFA-521—Tour Notes Worksheet
- HCFA-522—Drug Pass Worksheet

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- HCFA-523—Dining Area and Eating Assistance Worksheet
- HCFA-5245—Observation/Interview/Record Review Worksheet

For complaint investigations, perform a full or partial Part B survey based on the extent of the allegations. If the complaint alleges substandard care in a general fashion or in a variety of services and care areas, perform several tasks or a full Part B survey, as needed. If the complaint is of a more specific nature, such as an allegation of improper medications, perform an appropriate partial Part B survey, such as a drug pass review and a review of selected medical records.

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Resident Rights					
F53 SNF 405.1121(k)(1) ICF 442.311(a)	Ask Resident: - Did you receive a copy of the resident's Bill of Rights? Was it explained to you?	Looked for signed acknowledgement of receipt of resident rights information. Residents unable to sign name may have their "mark" witnessed.	Because of the confusion surrounding admission to a new facility and the large amount of information given to a resident or resident's family on admission, information given at this time is often forgotten. Therefore, surveyor should verify resident's recall.	Notification of Change in Status 405.1121(j) 442.307	
F54 SNF 405.1121(h)(1) ICF 442.311(a)(1)	A. Information* Where is information concerning resident rights and responsibilities available in the facility? 1. Rights and Responsibilities	- Were you told of any responsibilities you have in living here?	Social Work records may indicate patient rights information discussed with resident.	Patient Care Policies 405.1121(e)	
F55 SNF 405.1121(h)(1) ICF 442.311(a)(2)	F56 SNF 405.1121(k)(1) ICF 442.311(a)(3)	- Were you given a chance to ask questions?	Written information on services and costs must be given to the resident, as well as copies of residents' rights and responsibilities. Copies of residents' rights should also be available to patients and visitors, e.g., in resident lounges, lobbies, or other area where residents and visitors could easily see and read them.	Medical Direction 405.1122(a)	
2. Rules of Resident Conduct	- Did he/she receive a written copy of services provided by the facility and any additional costs for these services?			Medical Records 405.1132(b)(d) 442.310	
3. Resident Acknowledgment					
F57 SNF 405.1121(h)(2) ICF 442.311(a)(4)					

INTENT
To assure that the resident maintains, in so far as possible, those personal rights that are a part of normal, adult life, and including the right to personal dignity.
*Information concerning incompetent residents is given in L. Delegation of Rights and Responsibilities.

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F58 SNF 405.1121(k)(2) ICF 442.311(a)(4)	4. Resident informed in writing of changes in services and charges for services.	Ask Resident: - If there are changes in services or costs, does someone explain these?	Ask Administrative Staff: - How do residents learn what is expected of them? - How do they learn about any changes in the facility's procedures and/or costs?		
F59 SNF 405.1121(k)(2) ICF 442.311(a)(4)	5. Information to resident of services not covered by Medicare or Medicaid and not covered in the basic rate.				

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
B. Medical Condition & Treatment F60-64 SNF 405, 1121(k)(2) ICF 442, 311(b)	<p><u>Ask Resident:</u></p> <ul style="list-style-type: none"> - Has your doctor discussed your health with you, how is it, what's wrong, and what you can expect in the future? - Have you had the opportunity to help plan what you need and how you are taken care of? - Do you know that you can refuse treatment or medication? - Have you ever refused medication or treatment? What happened when you did? - Is the facility participating in any experimental research? <p><u>Ask Staff:</u></p> <ul style="list-style-type: none"> - If yes, ask what residents are involved. Interview a sample of these residents. <p><u>Ask Resident (or Guardian):</u></p> <ul style="list-style-type: none"> - Are you participating in the _____ study? - Was this explained to you well enough so that you understand what the study is about and any risks that may be involved? 	<p>If the resident has not been informed of his/her medical condition, physician notes should document that the resident was not informed because it "was medically contraindicated."</p> <p>Do care plans or other documentation reflect resident participation in care planning?</p> <p>If resident states he/she has refused treatment or medication, does documentation indicate adherence to/violation of resident rights.</p> <p>Review records of residents identified as participating in a clinical research study. Are informed consent forms signed? Do these signed forms list all known risks for the resident?</p> <p>In the _____ study?</p>	<p>Unless there is documentation that the resident's medical condition should not be discussed with him/her, resident interviewers/record reviewers should indicate that the resident and physician have discussed his/her medical condition.*</p> <p>If you cannot confirm that this has occurred, interview staff to get further clarification.</p> <p>Almost all residents who are able to participate to some extent in their care planning do so. You should find evidence of this for the majority of the residents (e.g., care planning interview, nurses notes, social worker progress notes).</p> <p>Residents do have the right to refuse medication or other treatment, but you would expect that the facility would discuss the implications of this refusal with the resident and possibly do some gentle persuasion.*</p>		Patient Care Management 405, 1124(d) 442, 319 442, 341

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVENING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F60-64 (cont'd)				<p>However, except in an emergency situation force should never be used to compel a resident to accept medication or treatment.</p> <p>Deceit is also a violation of resident rights, except in the case of therapeutically indicated placebos ordered by the physician.</p> <p>Any resident participating in research studies should fully understand the implication of the study.</p> <p>The facility is not in compliance with the resident rights regulation if the resident consents to participate in a clinical study without full knowledge of the study. (Record review only as other nonclinical studies may not require informed consent).</p>	

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
C. Transfer and Discharge F65-58 SNF 405.1121(k)(4) ICF 442.311(c)	Look for residents that may be inappropriately placed physically - an alert resident rooming with a confused noisy resident; very ill resident placed far from the nurses station; residents not compatible with each other, (e.g., different life-styles, habits, etc.).	Ask Resident: - How well do you get along with your room mate? - Have you ever been moved from one room to another? If yes, why? - How were you involved in the decision to move? - How much time was there between the time they told you you were to be moved, and when you were moved? - Have you asked for your room to be changed?	Nursing, physician, and/or social service progress notes should indicate reason for transfer and discussion with resident and/or family/guardian.	To be in compliance with transfer and discharge regulations the facility must be able to confirm that all discharges/transfers were for medical or resident welfare reasons, or non-payment.	Status Change Notification 405.1121(j)

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LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F65-68 (cont'd)		+ cost factors + resident welfare + resident's reason for requesting the move + facility's assessment of whether the move would be beneficial or not for the resident.			

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
D. Exercising Rights 69 F69 405.1121(k)(5) SNF 405.1130 ICF 442.311(d)	Do residents appear comfortable when speaking to the surveyors as opposed to being afraid that someone may see them or overhear their conversation?	<p>Ask Resident:</p> <ul style="list-style-type: none"> - Do you belong to, or have representation to the resident council? - Are you informed of changes in the facility that will affect you? - Are you given a chance to express views on these changes prior to their implementation? - Does the facility assist in arranging for you to vote either at the polls or via absentee ballot? - Are you assisted in obtaining legal or Social Services if needed? - Do you feel comfortable in expressing yourself freely or are you concerned about retaliation? 	<p>Review resident council documentation, as available, to determine level of activity.</p> <p>If residents ask, they should be allowed to speak to the surveyor without facility personnel being present. However, the resident has the right to have a third party of their choosing present during an interview.</p>	<p>Review social work or progress notes for legal referrals.</p>	<p>Compliance determinations will be made based primarily on resident/staff interviews and the correlation of interview information with documentation in the Medical record.</p> <p>If residents ask, they should be allowed to speak to the surveyor without facility personnel being present. However, the resident has the right to have a third party of their choosing present during an interview.</p>

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
E. Financial Affairs F72-78 SNF 405, 1121(k)(6) 405, 1121(m) ICF 442, 311(e) 442, 320	<p>Ask Residents:</p> <ul style="list-style-type: none"> - Are you able to take care of your own financial affairs? - Does the facility keep some money for you that you can have when you request it? - When you ask for this money, how quickly do you get it? - Do you know the amount of money you have available at this time? - If the facility pays bills for you do they periodically provide an itemized listing of the transactions they have made? - When did you receive the last itemized statement? - Are you comfortable that your funds are taken care of correctly? - If you deposit money or valuables with the facility, do you receive a receipt for this deposit? - Are you or your family able to review your financial records when you request to do so? - Have you ever had money or anything else stolen? If so, what was done about it? 	<p>Ask Residents:</p> <ul style="list-style-type: none"> - Are you able to take care of your own financial affairs? - Does the facility keep some money for you that you can have when you request it? - When you ask for this money, how quickly do you get it? - Do you know the amount of money you have available at this time? - If the facility pays bills for you do they periodically provide an itemized listing of the transactions they have made? - When did you receive the last itemized statement? - Are you comfortable that your funds are taken care of correctly? - If you deposit money or valuables with the facility, do you receive a receipt for this deposit? - Are you or your family able to review your financial records when you request to do so? - Have you ever had money or anything else stolen? If so, what was done about it? 	<p>A copy of the statement should be in the residents financial record and given to the resident at least quarterly.</p> <p>Receipts, account logs showing deposits/withdrawals, authorization/ reasons for withdrawals, and interest earned should be reviewed. If resident indicates there may be a problem, an in-depth interview should be conducted.</p> <p>Resident records indicate separate financial records from facility records.</p>	<p>Residents should have reasonable access to their funds (may not be available at 2 A.M.) and should have at least a quarterly accounting of their funds.</p> <p>If questions arise they should be resolved.</p> <p>Personal possessions and funds received from the residents should be protected from theft and other loss. If losses do occur there should be:</p> <ol style="list-style-type: none"> 1. a procedure which is implemented to investigate the loss, and 2. a plan to prevent recurrence. <p>Resident funds must not be appropriated for facility furnishings, linen direct care supplies, etc.</p>	<p>Social Services 405, 1130(a)</p>

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F72-78 (cont'd)		<ul style="list-style-type: none"> - Does the home provide safe-keeping for valuables? - Have they ever lost anything of yours? <p>Ask Staff:</p> <ul style="list-style-type: none"> - What is the procedure when residents lose personal belongings? - How are resident personal funds handled? - What is your procedure when a resident asks to get an accounting of their funds? <ul style="list-style-type: none"> * The special needs of residents with Alzheimer's disease who "lose" personal possessions should be noted. Individuals in stages 2 and 3 of Alzheimer's disease sometimes believe their personal possessions were stolen. 			

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F. Freedom From Abuse and Restraints F19-B3 SNF 405.1121(k)(7) ICF 442.311(f)	<ul style="list-style-type: none"> - How many residents are physically restrained? - What type or restraints are used? - Are they applied correctly? - What is the apparent physical [mental] condition of those residents restrained? - Do you observe the release of restraints every 2 hours and the provision of at least 10 minutes exercise for the resident? - Do staff respond to request for water, assistance to bathroom, etc., from a resident who is restrained? 	<p><u>Ask Resident:</u></p> <ul style="list-style-type: none"> - Why are you wearing this? - How often is this worn? - Do you know what would happen if it were removed? - How often is it removed? - What is done for you when the restraint is removed? - For nonrestrained resident-- + Have you ever been restrained? + For what reason? + What explanation was given for the restraint? - Do you ever feel that you receive medication when you don't need it? - Do staff respond to request for water, assistance to bathroom, etc., from a resident who is restrained? 	<p>Look for a physician's order for the restraint.</p> <p>Review nurses', physicians' progress notes re: reason for restraints and resident reaction to them.</p> <p>Also any alternative methods tried.</p> <p>What time of day are restraints most often applied?</p> <p>Review schedule of releasing restraints.</p> <p>Care plans:</p> <ul style="list-style-type: none"> - When restraint is to be used. - For how long. - What are plans for alternative measures. - Is the resident periodically re-evaluated? 	<p>There must be a physician's order for all restraints, including "safety devices" which are defined in some State laws.</p> <p>Progress notes should show evidence that methods other than restraints were initially used to protect the resident from injury, and that restraints were used only when other methods were not adequate</p> <p>If used in an "emergency," the reason for use must be documented and show that:</p> <ul style="list-style-type: none"> a. its use was necessary to protect the resident from injury. b. its use was necessary to protect others from injury. <p>If appropriate are the Social Service or activities departments involved in providing different directions for resident attention?</p>	<p>Nursing Services 405.1124(c)(5)</p> <p>Rehab Nursing 405.1124(e)</p> <p>Patient Care Management 405.1124(d)</p> <p>The resident must be observed by a staff member at least every 30 mins. while restrained.</p> <p>The restraints must be released and the resident exercised, toileted, etc. at least every 2 hours.</p>

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F79-83 (cont'd)	<ul style="list-style-type: none"> - How often are restrained residents observed by staff? - Observe effect on residents. Do you see what may be signs of over-medication? - How often is this observed? - Residents should be free from mental and physical abuse. - Observe interaction of staff and residents for any sign of harassment, humiliation or threats. - Do residents appear comfortable with staff? - Look for numbers of residents with bruises or other injuries (skin of the elderly bruises easily, so do not automatically assume abuse or injury). - Observe resident to resident interactions and staff response to any physical or mental abuse of one resident to another. 	<p>Ask Staff:</p> <ul style="list-style-type: none"> - What is the facility policy regarding restraints? - What is considered an "emergency" need for restraints? - What is the most common reason for use of restraints? - Do you try any alternative measures before using restraints? - What information do you give the physician to help him make the decision to order restraints? - What do you routinely do for the resident when you periodically release the restraints? - Does use of restraints increase on evenings or nights when there are fewer staff members? - Have you had any accidents or incidents in the last year while residents were restrained? - How do you define the difference between a "safety device" and a "restraint"? - How do your policies differ in regard to "safety devices" and restraints? 	<p>Who authorizes the use of restraints in an emergency?</p> <p>Do progress notes indicate that a professional staff member authorized the use of "emergency" restraints?</p> <p>There should be documentation that the use of "emergency" restraint has been promptly reported to the residents physician.</p> <p>Review incident and accident reports to identify any problematic trends.</p> <p>Does the drug regimen review indicate appropriate use of psychoactive drugs?</p> <p>Are there resident complaints documented?</p>	<p>The restraint must be applied correctly.</p> <p>If the use of restraints increased during evening and night hours review progress notes, nurses notes and staffing to make a determination as to whether the restraints are justified or if they are for staff convenience.</p> <p>Care plans should plan not only for care while the resident is restrained but should show effort to find alternative treatments to restraints, or there should be documentation in the medical record that no alternative is appropriate.</p> <p>An appropriate drug regimen reviews should be conducted on the resident.</p> <p>Your observations should show interaction between residents and staff to be, except in unusual situations, free from tension and hostility.</p> <p>Staff should step into situation where one resident may be abusing another.</p>	

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F79-B3 (cont'd)	- Observe for evidence of resident neglect, residents left in urine/ feces without cleaning.	<p>Ask Resident:</p> <ul style="list-style-type: none"> - Do you feel safe in the facility? - Do you ever feel intimidated, harassed, or otherwise abused? - How are confused residents treated? - Is anyone ever hit or treated roughly? - Do you feel as if you are treated with respect /dignity? - Is the staff/administration responsive to complaints? - Do you know who to complain to? 		<p>Resident should feel free to voice complaints. If no complaints are noted in records or on record review, why not?</p> <p>Residents should seem comfortable in relating how they are treated?</p>	

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
6. Privacy F84-89 SNF 405.1121(k)(8) (9)(14) ICF 442.311(g)	<ul style="list-style-type: none"> - Observe interactions between staff and residents for indications of respect; consideration, dignity and individuality. - How do staff members enter a resident's room or go behind a privacy curtain? - Are privacy curtains used or doors shut when personal care needs and/or treatments are rendered? - Are there areas for residents to be alone or meet in private with visitors? 	<p>Ask Resident:</p> <ul style="list-style-type: none"> - Do you feel that you are treated as a worthwhile, adult individual? - When you are being cared for, are you comfortable? - What is the degree of privacy and respect you receive? - Do you feel comfortable that if the door to your room is closed staff will knock or otherwise make their presence known before entry? - Do you have a private place to make telephone calls? - Can you see your record if/when you ask? - Has any information about your condition been given to someone outside of the facility without your permission? 	<p>Review progress notes for indications that staff see resident as an individual - i.e., resident eats breakfast in bed because he/she enjoys it.</p> <p>Signed Consent for release of information.</p> <p>No maintenance of and content of medical records indicate that confidentiality is practiced?</p>	<p>Is privacy available— e.g., access to a private place to meet or make phone calls, ability to shut door when having visitors, etc.</p> <p>Medical records should not be left where unauthorized personnel can read them and there should be identification codes needed to access computerized records.</p> <p>Married residents should be sharing rooms if they desire to do so unless there are appropriate contradictions.</p>	<p>Observations and interviews will give you information to determine if residents are respected and treated as individuals.</p> <p>405.1122(b) 442.318(d)</p>

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F84-89 (cont'd)	<ul style="list-style-type: none"> - Are medical records kept in their assigned spots not carelessly left for nonauthorized persons to view? - Are married residents sharing rooms? - Observe for negative attitudes toward aging-infantilization and patronizing of residents. - If residents undress in public area, how does staff handle this? - Listen to staff conversation in public places (elevator, lobby). Are resident issues being discussed? 	<p>For Married Residents:</p> <ul style="list-style-type: none"> - When your husband/wife visits can you shut your door and be assured of privacy? - Can you ask that you not be disturbed and have that request respected? <p>Ask Staff:</p> <ul style="list-style-type: none"> - What is done to assure that each resident maintains his/her dignity and individuality? - How are medical records kept secure? Who has access? - Do you have married couples here? - Do they share rooms? - If not, why? - What arrangements do you make for spouses or significant others to visit? - Do you allow their door to be closed? - Can you adhere to a request that they not be disturbed? - How are residents' medical records and conditions kept confidential? 			

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
H. Work F90 SNF 405.1121(k)(10) ICF 442.31(h)	<ul style="list-style-type: none"> - Are residents doing any type of work such as picking up dirty trays, pushing laundry hamper, etc.? - What about clerical work? 	<p>Ask Resident:</p> <ul style="list-style-type: none"> - Are you ever asked to help out in the facility such as pick up dirty trays or stamp mail? - If yes, do you do this? - Do you want to or do you feel it is expected of you? - Do you feel you can say "no"? 	<p>If residents are performing services for the facility, is that included in their care plan, with specific therapeutic goals defined?</p>	<p>Services performed by a resident should be part of the resident's plan of care and should be done only if the resident is in full agreement.</p>	<p>405.1124(d) 442.341</p>

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
1. Freedom of Association and Correspondence F91-92 SNF 405.1121(k)(11) ICF 442.311(i) (12)	<ul style="list-style-type: none"> - Are there areas in the facility—e.g., small lounges, etc., where residents can and do meet privately? - Is mail delivered opened or unopened? - Are facility personnel assisting residents, if needed, in opening and/or reading mail? 	<p>Ask Residents:</p> <ul style="list-style-type: none"> - Can you have visits from anyone? - Can you find a private place to visit? - Do you receive your mail unopened unless you request otherwise? - Are there telephones you have access to? - Does the staff or volunteers assist you in reading or sending mail, if needed? - How timely is your mail delivered? - How do you receive incoming calls? <p>Ask Staff:</p> <ul style="list-style-type: none"> - Where do residents go when they want privacy? - What telephones are available to residents? - What is the facility visiting policy? 	<p>Physician orders and care plans for indications of restrictions on visitors and/or receiving and sending mail.</p>	<p>All residents may have access to and maintain contact with the community and members of that community have access to them.</p> <p>Subject to reasonable scheduling restrictions, residents may receive visits from anyone they wish. A particular visitor may be restricted by the facility for one of the following reasons:</p> <ul style="list-style-type: none"> - The resident refuses to see the visitor. - The resident's physician documents specific reasons why such a visitor may be harmful to the resident's health. - The visitor's behavior is unreasonably disruptive of the functioning of the facility (reasons are documented and kept on file). <p>Decisions to restrict a visitor are reviewed and reevaluated each time the resident's plan of care and medical orders are reviewed by the physician and nursing staff or at the resident's request.</p>	Resident Rights 405.1121(k)(8) 442.311(g)

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F91-92 (cont'd)	Do the available telephones accommodate the physically handicapped (e.g., wheelchair bound, hearing impaired, etc.).			<p>Space is provided for residents to receive visitors in reasonable comfort and privacy.</p> <p>Telephones, consistent with ANSI standards (45.1134(c)), are made available and accessible for residents to make and receive calls with privacy. Residents who need help are assisted in using the phone. The fact that telephone communication is possible, as well as any restrictions, is made known to residents.</p> <p>Arrangements are made to provide assistance to residents who require help in reading or sending mail.</p>	

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWS	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
J. Activities F93 SNF 405.1121(k)(12) ICF 402.311(j)	<ul style="list-style-type: none"> - What planned activities are occurring? - What unplanned activities are occurring—individual, 2 or 3 persons or a larger group. - If there is a facility chapel, is it open? - Are activities posted at wheelchair level and kept up to date? - Are residents lined up in front of a T.V. in a common room for hours? - Are activities offered during the evening and on weekends. 	<p>Ask Residents:</p> <ul style="list-style-type: none"> - What do you like to do? - What did you do yesterday? (compare answers) - Is participation in activities optional? - Are you encouraged to participate? - Is pressure exerted on you to attend specific activities? - Which one? - Surveyors should be aware of special encouragement—“gentle persuasion”, which might be important for the depressed or withdrawn resident.) - Are residents notified of community activities? - Are arrangements made for transportation, etc., so that residents can participate? - Can residents go to religious services if they wish? 	<p>Care plans or other documentation should indicate resident preferences for both facility and non-facility planned activities.</p> <p>Progress notes of responses to activities.</p>	<p>Compliance with this element is determined by evidence that residents are given the opportunity to participate in available activities they choose unless medically contraindicated.</p> <p>Residents must not be forced to participate against their wishes.</p>	<p>Patient Activities 405.1131(b) 442.345(a)(c)</p>

LONG TERM CARE SURVEY				
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS
K. Personal Possessions F94 SNF 405.1121(k)(13) ICF 402.311(k)	<ul style="list-style-type: none"> - Are residents wearing their own clothing or facility nightgowns, robes, etc.? - Ask Residents: <ul style="list-style-type: none"> - What clothing and personal belongings can you have? - Is there a place that you can secure any valuables that you may not want to keep in your room? - In resident rooms observe for personal belongings. - Ask residents if you can look in the closet—is personal clothing in there? - Ask residents if belongings are identified with name tags or other identifying methods? - Is there enough space to store clothing? 	<p>Ask Residents:</p> <ul style="list-style-type: none"> - What clothing and personal belongings can you have? - Is there a place that you can secure any valuables that you may not want to keep in your room? <p>Ask Staff:</p> <ul style="list-style-type: none"> - What personal belongings may residents have? - What do you do to secure valuables and other personal property? - What provisions are made for the care of personal clothing? 	<p>Admission notes on personal property inventory (e.g., the record should indicate a list of any personal property secured by the facility).</p> <p>The record should indicate how personal clothing will be laundered.</p>	<p>Residents are permitted to keep reasonable amounts of personal clothing and possessions for their use while in the facility and such personal property is kept in a safe location which is convenient to the resident. The amount that is reasonable will be dependent on space available in the facility.</p> <p>Patients are advised, prior to or at admission, of the kinds and amounts of clothing and possessions permitted for personal use, and whether the facility will accept responsibility for maintaining these items (e.g., cleaning and laundry).</p> <p>Any personal clothing or possessions retained by the facility for the patient during his stay is identified.</p> <p>The facility is responsible for secure storage of such items, and they are returned to the patient promptly upon request or upon discharge from the facility.</p>

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
L. Delegation of Rights and Responsibilities F95-97 SNF 405.1121(k) ICF 442.312	<p>Ask Administrative Staff:</p> <ul style="list-style-type: none"> - When do you have relatives make decisions for residents? - i.e., how do you decide when the resident isn't capable of making decisions himself? - Have any legal steps been taken? <p>Ask Resident and/or Guardian:</p> <ul style="list-style-type: none"> - Do you feel that you are given all pertinent information? - What opportunities do you have to make decisions regarding clothing, meals, bathing schedules, etc.? - For guardian: are you notified/informed in a timely manner as appropriate? 	<p>Review physician progress notes—incapability must be documented.</p> <p>Is there clear documentation as to whom rights and responsibilities have been assigned?</p> <p>Are pertinent consents/documents signed by appointed guardian?</p>	<p>The fact that a resident has been judged incompetent, is medically incapable of understanding, or exhibits a communication barrier, does not absolve the facility from advising the resident of their rights to the extent the patient is able to understand them. If the resident is incapable of understanding their rights, the facility advises the guardian or sponsor and acquires a statement indicating an understanding of resident's rights.</p> <p>The surveyor reviews records of residents selected for indepth review who are classified either incompetent, medically incapable of understanding their rights, or have a communication barrier to verify documented evidence (signed acknowledgement) that the guardian or other sponsor has been advised of these resident rights and understand their role in acting on behalf of the resident.</p>		<p>Resident Rights 405.1121(k)(1) 442.311(a)</p>

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
STAFF DEVELOPMENT F98 SNF 405.1121	Ask Residents - Does staff know how to take care of you? - What things do they do to help you accommodate your (poor vision, unsteady walking, arthritis, etc.)?	Care plans reflect staff's knowledge of the problems and needs of the residents that are needed.	Facility staff adjusts care to needs/problems of resident.	Residents Rights SNF 405.1121(k) ICF 442.311	
F99 ICF 442.314	Progress notes indicate that the special needs are considered in implementing planned care.	Staff is knowledgeable concerning facility policies and procedures.	Staff practices correct techniques, i.e., infection control, rehabilitation techniques, etc.	Infection Control 405.1135(a)(b)(c) (d)(e) 442.327(b)	
F100 1. Facility staff are knowledgeable about the problems and needs of the elderly, i.e., informed, aged, ill, with disabilities.	Ask Staff - What, if any, training have you had here to learn about unique problems and needs of the aged? - What training have you had during the last 12 months? - How have you learned about facility policies and procedures? - Does the facility ask your needs when they develop a training program? - In what areas would you like to have training?	How do staff relate to residents? Does the facility reflect adaptations for the elderly, i.e., information given in large print, floors covered with materials that allow for ease of movement with walkers, wheel chairs, etc.?	Staff interacts and treats residents in a kind, caring way.	Physical Environment 405.1134(a) 442.315(b)(c) 442.326(a)(1)c	
F101 2. Facility staff practices proper techniques in providing care to the aged, ill and diseased.	Is resident care given using accepted professional standards?	Is privacy maintained during bathing treatment, toileting?	Nursing Services 405.1124(a)(c)(e) 442.338(a)(2)		
F102 3. Facility staff practice proper technique for prevention and control of infection, fire prevention	Are housekeeping staff courteous and responsive to resident needs?	Social Services 405.1130(a)			

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F102 (cont'd) and safety, accident pre- vention, con- fidentiality of resident information, and preserva- tion of resi- dent dignity including pro- tection of privacy and personal and property rights.					
ITEM I	To assure that facility provides ongoing training to staff so that they will be knowl- edgeable in cur- rent practices, use proper tech- niques, and inter- act with residents in a kind, caring way.				

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Status Change Notifications F103-104 SNF 405, 112(j) ICF 442, 307	Note residents condition: - Clean - Well groomed - Well adjusted - Casts - Bruises - Decubitus Ulcer - Multiple sites of edema - Aberrant behavior, e.g., abusive, disruptive, not reasonable, etc. 1. The facility notifies the resident's attending physician and other responsible persons in the event of an accident involving the resident, or other significant change in the resident's physical, mental, or emotional status, or patient charges, billings, and related administrative matters.	Ask Resident: - Have you been injured since you have been in the facility? - If you are injured or become ill, is your physician called? - Are your relatives notified? - Do you know who is notified if administrative changes such as changes in charges, billings, etc. occur?	- Progress note should document injury/change in condition plus notification of physician and appropriate family member/guardian.	- All injuries and changes in condition must be documented. The resident's physician and family must be notified of significant changes. This should be documented, but this notification should be confirmed by the resident if possible.	Resident Supervision by Physician 405, 112(b)(3) Emergency Services 405, 112(c)
F105	Ask Staff: - Who do you notify if a resident is injured or has a change in condition? - When would they be notified? Does the facility have a policy regarding how soon a relative or responsible party would be notified? - Do you notify them of actual changes in resident condition and also if resident's condition is getting progressively worse?	- Review accident and incident reports for indepth sample.			

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F106 2. Except in a medical emergency, a resident is not transferred or discharged, nor is treatment altered radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	<p>Ask Resident:</p> <ul style="list-style-type: none"> - Have you ever been or do you know if others have been transferred or discharged without discussing it with you first? 	<ul style="list-style-type: none"> - Nursing, physician and social work progress notes should be reviewed for evidence of discussion of transfer/discharge with resident or other designated person. 	<ul style="list-style-type: none"> - Nursing, physician and social work progress notes should be reviewed for evidence of discussion of transfer/discharge with resident or other designated person. 	<ul style="list-style-type: none"> - Except in an emergency, all transfers or discharges are first discussed with the resident or next of kin as evidenced by documentation in the medical record or confirmed by asking resident. 	

INTEN

- To assure that:
- the resident receives proper treatment in the event of an accident or change of condition.
 - resident, and/or next of kin or responsible party is aware in advance of any changes.
 - resident is not discharged to gain a higher source payment for that bed or facility convenience.

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Physician's Services F107 SNF 405, 1123	Ask Staff: - Interview nursing staff to determine if they receive transfer information and admission orders on day of admission. A. Medical Findings and Orders at Time of Admission F108 SNF 405, 1123(a)	Ask Staff: - Interview nursing staff to determine if they receive transfer information and admission orders on day of admission. - Ask Administrator and Director of Nursing to explain procedure if a resident arrives without sufficient medical information and/or orders.	Review records of residents selected for indepth review to ascertain that: - There is referral form from the transferring facility that was received in advance of admission or on date of admission that includes current medical findings, diagnosis and orders to provide continuity of care of all residents.	Examine medical records of the residents selected for indepth review to determine if date of orders, medical data and other required information is the date of admission or within 48 hours of admission. The facility should receive sufficient information and orders from a physician for the immediate care of the residents. - If the medical orders were not obtained from the physician, there are temporary orders from the emergency care physician.	
F109	1. There is made available to the facility prior to or at the time of admission, resident information which includes current medical findings, diagnoses, and orders from a physician for immediate care of the resident.		- Information on the rehabilitation potential [prognosis] of the resident and a summary of the course of treatment followed in the transferring facility were transmitted within 48 hours of admission.		
F110	2. Information about the rehabilitation potential of		- The summary of treatment should include discharge summaries from therapies or special services when appropriate - For residents admitted directly from the		

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F110 (cont'd)	the resident and a summary of prior treatments are made available to the facility at the time of admission, or within 48 hours thereafter.		community, the attending physician provided current medical findings, diagnosis, prognosis, and orders. - The order should cover: + Medications and treatments + Diet + Therapies (P.T., O.T., Speech) + Activities (bedrest, ambulatory, able to participate with any specific limitations on activity).		

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LONG TERM CARE SURVEY						
Resident Supervision by Physician		Observe resident for any problem/conditions that should be addressed by physician, e.g., edema, loss of appetite, weight loss, etc.	Ask Resident:	Review medical records of selected for indepth review for:	Medical records should provide evidence that the residents are under the supervision of a physician by the coordination of physician's orders and progress notes with the resident's plan of care and observations of residents needs. There is evidence that the physician reviews and revises the plan of care as needed. There is evidence that physician services are available to the residents when the residents need such services. An alternate schedule for physician visits may be established if the attending physician determines that the resident need not be seen every 30 days.	
F111 SNF 405, 1123(b)			- How often physician visits. - If physician has discussed plan of care and medical treatment.	- A current plan of care that is based upon physician's orders and progress notes with the resident's plan of care.	- Justification is placed in the decision record and is reviewed by the U.R. Committee and State medical review team where there is change in the resident condition and the physician has failed to document his findings or evaluation of the condition, the physician has failed to provide	
F112 ICF 442, 346			- If resident feels treatment and/or plan of care meets his/her needs.	- Evidence that physician's orders, that the physician participates in the resident's overall plan of care.	- Physician's orders for medications and treatments on admission and during stay.	
B. Resident Supervision by Physician			- What kinds of questions do you ask the physician about your health problems? (cite examples).	- Evidence that rehabilitation potential is addressed.	- A medical evaluation completed within 48 hours of admission unless done within 5 days prior to admission that includes attention to needs such as diet, vision, hearing, speech	
F113	1. Every resident must be under the supervision of a physician		Ask Licensed Nursing Staff:	- Long range plans include an estimate of the length of time for skilled nursing care and a discharge plan.		
			- How often physician visits and is it often enough to meet residents' needs?	- Physician's orders for medications and treatments on admission and during stay.		
			- Does physician participate in evaluation and reevaluation of residents' plan of care?	- A medical evaluation completed within 48 hours of admission unless done within 5 days prior to admission that includes attention to needs such as diet, vision, hearing, speech		
	2. A physician prescribes a planned regimen of care based on a medical evaluation of each resident's immediate and long-term care needs.		- Does plan of care meet resident's needs?	- Physician's orders for medications and treatments on admission and during stay.		
			- Is physician available in an emergency?	- A medical evaluation completed within 48 hours of admission unless done within 5 days prior to admission that includes attention to needs such as diet, vision, hearing, speech		
			- Is physician available to discuss residents' treatment and care?	- Physician's policy on physician visits.		
				- Facility's policy on physician visits.		

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
f114 (cont'd)				evidence of his evaluation of resident needs and supervised care.	
f115 3. A physician is available to provide care in the absence of any resident's attending physician.			- Evidence in care plans and treatment records that physician's orders are being implemented. - Discrepancies in medication record, diet order, record, diet order, intake and output records.	A physician is available to respond within a reasonable time when a resident needs medical attention.	
f116 4. Medical evaluation is done within 48 hours of admission unless done within 5 days prior to admissions. NOT ICFs.			- Evidence that an alternate physician provided care if applicable. - Progress notes by physician at least every 30 days for first 90 days (ICF-at least every 60 days). - Review of medications and treatments every 30 days or 60 days if an alternate schedule of visits has been approved. - Documentation of physician observations, actions and plans for treatment. - Justification for alternate schedule of visits.	evidence of his evaluation of resident needs and supervised care.	
f117 5. Each SNF resident is seen by their attending physician at least once every 30 days for the first 90 days after admission.				A few closed records should be reviewed to determine if residents were appropriately discharged by an order written by the attending physician. Also review	Although medical evaluation can be noted as revision of the previous H&P A statement such as "no change" when in conflict with the status of the

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F117 (cont'd)				discharge plans to assure that they were adequate and implemented. Verbal medication orders are countersigned by a physician. Physician is reviewing all medication orders every quarter.	resident on this admission to the facility does not constitute a medical evaluation. Verbal medication orders must be countersigned with 48 hours.
F118	Exception: ICF residents must be seen every 60 days unless otherwise justified and documented by the attending physician.			6. Each resident's total program of care including medications and treatments is reviewed during a visit by the attending physician at least once every 30 days for the first 90 days and revised as necessary.	

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE

Exception: Only medications must be reviewed quarterly for ICF residents.

F119 7. Progress notes are written and signed by the physician at the time of each visit, and all orders are signed by the physician.

F120 8. Alternate physician visit schedules that exceed a 30-day schedule adopted after the 90th day following admission are justified by the attending physician in

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F120 (cont'd)	<p>the medical record.</p> <p>These visits cannot exceed 60 days or apply to patients who require specialized rehabilitation schedules.</p> <p>Exception ICF residents must be seen every 60 days unless justified otherwise documented by the attending physician.</p> <p>C. Emergency Services F121 SNF 405.1123(c)</p>			<ul style="list-style-type: none"> - If records document an accident or a medical emergency, was the patient seen by a physician or was the physician notified promptly of the emergency? - Do you know where names and telephone numbers are of physicians to be called in case of emergency? - Review physician's orders to see if specific medications or treatments were ordered to treat emergency care if applicable. 	<p>Status Change Notification 405.1121(j)</p> <ul style="list-style-type: none"> - Surveyor verifies that there are readily available written procedures for securing a physician in case of emergency. - Names and telephone numbers are posted or on rotadex. - An alternate physician is designated.
F122	<p>Emergency services from a physician are available and provided to each resident who requires emergency care</p>				

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F122 (cont'd)	INTEND: To assure that a physician has overall responsibility for the management and supervision of the residents care.		- Review physicians progress notes to see if emergency situation was addressed.	- There is provision for: + Notification of attending physician/ emergency and other responsible person. + Arrangements for transportation. + Preparation of reports. + There is evidence in the medical records that proper procedures have been carried out. + Residents with sudden changes in condition have been evaluated by the physician.	

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Nursing Services F123 SNF 405, 1124	<p>F124 SNF 405, 1124(c) F126 ICF 442, 1124(c)</p> <p>A facility provides nursing services sufficient to meet nursing needs of all residents all hours of each day.</p> <p>F127 Grooming and Personal Hygiene SNF 405, 1124(c)</p>	<p>Basic care provided to residents:</p> <p>Surveyors should observe the basic care provided by staff to the residents. Listed below are suggested areas of attention which may provide evidence of the quality of personal care:</p> <ul style="list-style-type: none"> - Eyes/Ears/Mouth - Presence/absence of: Secretions forming around eyelids, redness or irritation of eyes. + Eyeglasses worn when appropriate are clean, in good repair and fit properly. + Backs of ears scaly, obvious wax build-up, discharge, odor. + Hearing aid worn when appropriate, is in good repair and working. + Dried food particles or drool, etc. around mouth. <p>Ask Resident:</p> <ul style="list-style-type: none"> - If the resident's clothing is inappropriate, ask: <ul style="list-style-type: none"> + Did you choose your clothing today? + Is this what you want to wear? + Do you have other clothing available? - If the resident is not clean, poorly groomed, or inappropriately groomed, ask the resident: <ul style="list-style-type: none"> + Have you had any help in caring for yourself today (e.g., washing your face, brushing your teeth, etc.)? + How often do you have a bath/shower? + How often is your hair washed? + How often do you brush your teeth/clean your dentures? + Where there extantating circumstances (e.g., 	<p>Nursing notes, flow sheets or bathing records should indicate that the care plan for grooming and personal hygiene is being followed. For example:</p> <ul style="list-style-type: none"> - Bathing schedules are being followed (including the use of any soaps or special lotions); - Assistance/instruction and/or supervision is being provided as identified for each activity. <p>Nursing documentation should also indicate resident response or any changes in the resident's behavior, reaction to an activity, or the ability to carry out grooming and personal hygiene activities. Look for indications of progress toward a goal or further deterioration of resident functioning.</p>	<p>Refer to information on observation. A pattern of evidence of poor personal care indicates non-compliance unless the care plan specifically deals with this and appropriate planning and implementation is occurring.</p> <p>The regulations require that individual preferences are taken into account when providing for grooming and personal hygiene and that residents are encouraged in self-care activity. Do your patient interviews substantiate compliance with the regulations?</p>	<p>Resident Rights 405, 1121(k)(8)(13) 442, 311 (g)(k)</p> <p>Social Services 405, 1130(a) 442, 344</p> <p>Activities 405, 1131 442, 345(a)(c)</p> <p>Patient Care Management 405, 1124(d) 442, 341</p> <p>Training 405, 1121(h) 442, 314</p>

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F127 (cont'd)	<ul style="list-style-type: none"> + Dentures worn when appropriate and in good repair. + Oral hygiene. - Odors. <p>presence/absence of:</p> <ul style="list-style-type: none"> + Body odors - Hair/scalp <ul style="list-style-type: none"> + Clean and free of rashes + Hair combed - Nails are clean and appropriate length - Clothing is appropriate, clean, and in good repair. + Extremities elevated as necessary while in chair or wheelchair. + Appropriate techniques to prevent infection. + Use of whirlpool as a treatment modality as available and appropriate. - With resident's permission check: <ul style="list-style-type: none"> + heels, feet and toes + lateral hip + scapular area + sacrum + buttocks + bony prominences in contact with braces + condition of stump (especially diabetic 	<p>resident is participating in dressing/retraining program?</p> <ul style="list-style-type: none"> - Special consideration might be given to the demented patient who frequently "borrows" clothes and for whom removal may elicit catastrophic reaction—whether clothing "matches" may not be the most important issue in the care of these patients. 	<p>Ask Direct Care Staff:</p> <ul style="list-style-type: none"> - How do you choose what clothing each of your residents wear each day? - Do you have a specific schedule for washing residents' hair? - How did you learn to bathe a resident? - How did you learn to wash residents' hair? - How did you learn to shave residents? - How do you handle situations when residents want to wear dirty clothes, or mismatched clothes? - How much care do you let the residents do on their own? 		

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F127 (cont'd)	amputees with elastic bandage or sock removed).				
Skin Condition F128 SNF 405.1124(c)	Observe with residents' permission on skin - General condition of skin + Redness + Blanching + Soft/dry/rough etc. + Rashes/irritation + Bruises + Scabs	Ask Resident: - Are your feet usually swollen? - Do you know what causes the swelling? - What do you do to alleviate it? - Is this discoloration normal for you? - How did this develop/bruise develop? - Free of above - Measures taken to prevent skin breakdown. - Pressure sores Rx - Factors contributing to prevention of pressure sores + Overall cleanliness and maintenance of dry and aerated skin (uncompromised by urine/feces/perspiration)	Look at nursing notes and P.O.C. for evidence of: - Planned preventive measures - Treatment/intervention including nutrition - Routine assessment/evaluation of skin condition - Documentation of specific skin problems with location, number, severity, measurements as appropriate, and cause - Progress or lack of progress in healing - Assessment/Reevaluation of interventions with alterations in plan - Appropriate nutritional plan - Methods to control edema of lower extremities + Padding for pressure points and bony prominences including padding on bed/chair + Proper gentle massage to bony areas several times a day.	Preventable pressure sores are not occurring. Ulcers present are treated on a routine basis according to P.O.C. Is skin clean? Is resident dry? Is turning schedule adhered to? Are residents clean and smooth? Do personnel know preventive measures and practice these? Has a nutritional assessment been done, and if appropriate, recommendations implemented?	Dietetic Services 405.1125(i)(c)(e) 442.332(a)(1)(b)(1) Activities 405.1131(b) 442.345(a) Patient Care Management 405.1124(d) 442.341 Training 405.1121(h) 442.314 Rehabilitative Nursing 405.1124(e) 442.342 Supervision of Patient Nutrition 405.1124(f) 442.332(b)(2)

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F128-129 (cont'd)	<ul style="list-style-type: none"> + Regular assistance for resident to turn or shift weight from bed rails, footboards, trapeze. + Bed linens, clothing, underpads smooth and free from wrinkles. + Elastic bandages or hose are smooth and wrinkle free. + Elastic bandages wrapped smooth with appropriate overlap. + Dietary/nutritional support for skin integrity. (See Guidelines for Dietary/Nutrition + Prevention of shearing force when resident's position altered by staff. + Turning and repositioning every two hours or as needed (e.g., alternative approach that is justified by the facility.) + Positioning of the ulcer site or protection of affected areas. + Use of effective pressure relief devices. 	<p>Ask Direct Care Staff:</p> <ul style="list-style-type: none"> - What can you tell me about Mr./Mrs. _____'s feet/wounds/swollen feet/wounds/bruises/etc.? - What do you do for them? <p>Ask Charge Nurse:</p> <ul style="list-style-type: none"> - How did _____ get cuts, bruises, etc.? - What is being done to prevent further occurrence? - What treatment is he/she receiving? 			Resident Supervisor/Physician 405.1123(b)

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Wounds/Wound Dressings F126 SNF 405.1124(c)	<ul style="list-style-type: none"> - Condition of dressing - i.e., clean, firmly secured unless contraindicated. - Observe if possible, and with resident's permission, a dressing change. + Pre-dressing Removal Equipment and supplies organized Hands washed Residents provided with privacy - Dressing Is: + Old dressing observed Served for drainage? + Wound examined for healing? + Appropriate technique used + Proper disposal of old dressing? + Post dressing + Does staff member wash hands? 	<p>Ask Resident:</p> <ul style="list-style-type: none"> - How often is the dressing changed? - By whom is the dressing changed? - Does it seem dressing changes are frequent enough? - Are there any odors from the dressing? - Is the dressing change always done in a similar way? - If not, what are the differences? - Do you feel confident that the wound is being well cared for? - Is the area/wound healing? - What caused the ulcer, wound, etc.? Is it healing? Does the staff keep you informed of its status? <p>Ask Staff:</p> <ul style="list-style-type: none"> - Specific treatment and schedule for each resident? 	<ul style="list-style-type: none"> - Physician orders for wound care - Progress notes detailing condition of wound - i.e., size, drainage, surrounding tissue, odor - Treatment provided over a period of time with no improvement and no re-evaluation also would represent non-compliance, unless nursing/physician progress notes address the "no improvement" problem. - Plan of Care (POC) + The plan of care should address: <ul style="list-style-type: none"> - Area in need of treatment, treatment to be performed, frequency and responsible staff. - All necessary solutions, ointments, irrigations, types of dressings, and materials. - Any necessary precautions, drains, if present, sutures and tubing. - Specific goals of treatment as well as any problems or limitations imposed as a result of treatment. 	<p>Physician orders, your observations, progress notes and POC should reflect the same information.</p> <p>Infection Control</p> <p>Treatment provided over a period of time with no improvement and no re-evaluation also would represent non-compliance, unless nursing/physician progress notes address the "no improvement" problem.</p> <p>Plan of Care Management</p> <p>405.1123 442.346</p> <p>405.1135(b)</p> <p>405.1124 442.341</p> <p>Dietetic Services</p> <p>405.1125(b)(c)(e) 442.332(a)(1)(b)(1)</p> <p>Medical Records</p> <p>405.1132 442.318</p>	

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Restraints F130	<p>Direct to evidence of:</p> <ul style="list-style-type: none"> - Proper application - Maintenance of good body alignment - Resident observation, release and exercise throughout your visit to validate care. Specific observations should include the following items: <p>Observe frequently throughout your visit to validate care. Specific observations should include the following items:</p> <ul style="list-style-type: none"> - Type of restraint: bolts, wrist or ankle cuffs, blanket restraints, vests, bed nets, locked, etc. (When locked restraints are used can you readily find the key and/or scissors?) as well as geriatric chair or geri-table/tray in place for prolonged periods. - Protective devices and/or safety devices that are used as restraints must be evaluated as restraints. - Appropriate application: skin protection from injury (restraint neither too loose nor too tight to prevent <p>When residents require restraints, the application is ordered by the physician, applied properly, and released at least every two hours. (See also information under Resident rights-freedom from abuse & restraints)</p>	<p>Use of restraints may be precipitated by an "emergency" situation in which there is a threat to the resident's health or safety or a threat to the health and safety of others due to the resident's behavior.</p> <p>Restrained residents may not be coherent or rational enough to respond to questions and spend time with the interviewer. Therefore, must be exercised. However, observation of a resident in a geri-chair with table in place or a resident in a wheelchair (with vest restraint) for several hours would warrant appropriate questions as to when the staff last assisted him or her to move about or whether the resident would like to get out of the chair. Staff interviews focus on the reason why the resident is restrained.</p> <p>Ask Direct Care Staff and Charge Nurse:</p> <ul style="list-style-type: none"> - When, why, and how to release and apply restraints? - Why is the resident 	<p>Physician orders for restraint: reason, length of time, type</p> <p>Progress notes</p> <p>Describe the resident's status/behavior which prompted the use of the restraint.</p> <p>If a chemical restraint, the order should indicate a specific time period for its use as well as a stop date.</p> <p>Plan of Care should identify other methods or therapies that are being used in conjunction with restraints.</p> <p>+ What alternatives to restraints have been considered.</p> <p>+ Identity staff responsible for observing the resident (every 30 minutes), and exercising the resident (every 2 hours for at least 10 minutes).</p> <p>Time intervals should be identified.</p> <p>+ Indicate involvement and input of other disciplines necessary to overcome the problem.</p> <p>+ Indicate a specific period of time for</p>	<p>Patient Rights 405.112(f)(1) 442.311(f)(2)</p> <p>- Is there a physician's order, including the circumstances in which they will be used, the length of use, and the type of restraint?</p> <p>- Is the restraint applied properly?</p> <p>- Is it released at least every two hours and the resident provided with exercise and toilet facilities if needed?</p> <p>- Does the staff observe the resident frequently while he/she is restrained?</p> <p>- Are chemical restraints administered in accordance with physician's orders?</p> <p>- Is the order for restraints renewed only after a reassessment of the patient?</p>	

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F130 (cont'd)	<p>rubbing and blistering or impeded circulation)</p> <ul style="list-style-type: none"> - Body alignment and support: use of pillows, footboards, and wheelchair footrests to maintain appropriate posture, circulation, and to prevent skin injury or breakdown. - Periodic release and exercise: exercise may include ambulation, range of motion, massage, or other opportunities for motion (at least 10 minutes every 2 hours during day and evening hours). - Chemical restraints: residents appear drowsy throughout the day (may indicate tranquilizers or other drugs are being used to limit or control behavior for staff convenience). 	<p>restrained?</p> <ul style="list-style-type: none"> - Was the resident given an option of restraint? - When were you taught the use of restraints? - By whom? - If chemically restrained (excessively sedated) <ul style="list-style-type: none"> + Why is this done? + Whether alternate means of restraint have been attempted; for how long this will continue, etc. This should elucidate from staff whether the chemical restraint is necessary, or whether it is done for staff convenience by controlling resident behavior. 	<p>using the restraint.</p>	<ul style="list-style-type: none"> - Indication of assessment of factors which precipitate residents behavior which has warranted restraints and plans to intervene early enough to prevent occurrence. - Type, duration and frequency of exercise should be documented. - An assessment of why restraints are continued should be documented. 	

Ask Resident:

- * Why are you restrained?
- + What would happen if the restraint were removed?
- + When do you use bed rails?
- + What purpose do they serve?
- + How do you gain assistance?

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Bowel and Bladder F131 SNF 405.1124(c) Each resident with incontinence is provided with care necessary to ensure convenience for including frequent toileting and opportunities for rehabilitative training.	<ul style="list-style-type: none"> - There should be a chart/record in the resident's room on which the program is documented accurately. - If the room is located a distance from the toileting room or for residents with problems ambulating, a commode may be present in the room. - Verify that a call light is available to the resident if non-ambulatory or restrained. - Are fluids available at bedside? - Is there roughage on meal tray? - Diet is appropriate to enhance elimination? 	Both the resident and direct care staff should exhibit a good understanding of maintaining a regular schedule of elimination. If neither are aware of the intake and toileting schedule, then determine whether they are appropriately training the resident or carrying out a retraining program.	Physician orders if required by facility policy Nursing notes for Assessment + Documentation of techniques and progress, resolution Plan of care The plan of care should clearly address: + Goals that resident will aim for. Methods to accomplish the goals. Schedule for fluid intake Schedule for collecting, responsible staff Any limitations the resident may encounter as a result of either incontinence or the training program. Ask Resident: Suggested questions are: - How do you deal with constipation/diarrhea? - Are you involved in a special bowel/bladder training program? - If so, how does your program work? - Any problems with it? - Any successes to date? - What does the staff do for you in this matter? - Are they consistent and timely? - How long do you have to wait to be taken to the toilet?	<ul style="list-style-type: none"> - Are all incontinent patients assessed for cause of incontinence and ability to be helped by a bowel/bladder rehabilitative training program or an incontinence management program? - Are all appropriate residents involved in bladder/bowel training programs or, incontinence management? - Is there evidence of follow through on all shifts? - For residents not on bowel/bladder retraining programs, the plan of care should address specific measures for managing incontinence with a view to prevention of skin and other problems and maintenance of resident dignity. - Progress notes/physician orders for cause of incontinence. - Laboratory tests of kidney function when available - Treatment for diarrhea/constipation - Residents preference for treatment of constipation. - Recently admitted and newly incontinent residents should be thoroughly assessed for at 	Nursing Services 405.1124(e) Diabetic Services 405.1125(c)

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F131 (cont'd)	<ul style="list-style-type: none"> - When a resident puts on his/her call bell for toileting assistance, how long is it before assistance is given? - Observe pre-meal toileting. - Privacy provided. - Schedule for toileting should allow for resident's normal sleep pattern to avoid disrupted sleep. 	<p>Ask Nurses, Aides, and Charge Nurse:</p> <ul style="list-style-type: none"> + Will you describe this resident's bowel/bladder (B/B) training program? + How long has it been in effect? + When will you evaluate the results? + If this program is not successful - What assessment was done to determine B/B status - for residents not on B/B retraining programs what is the facility program for managing incontinence? 	<p>at least 7 days for the cause of incontinence and when appropriate an intensive bowel and bladder B/B training program should be instituted.</p> <ul style="list-style-type: none"> - A trial B/B training program is suggested for all residents with incontinence problems. - I & O 		<p>Infection Control 405.115(b)</p> <p>The surveyor should verify that there is a physician's order for an indwelling catheter, including the type and frequency of catheter care. If irrigation is ordered, the order should include type of solution and frequency of irrigation. The record should also indicate the color, consistency, and amount of urinary drainage.</p>
Catheter Care F132 SNF 405.112(c)	<p>The indwelling catheter should promote a continuous flow of urine unless ordered otherwise. The surveyor should also observe for the following:</p> <ul style="list-style-type: none"> - Ample supplies for catheter insertion and care. - Proper positioning of the tubing and drainage bag. - Cleanliness of the 	<p>Ask Resident:</p> <ul style="list-style-type: none"> - What is the tubing/catheter for? - Why do you have one? - Does it cause any discomfort? - If it does, what is done about it? - How do you feel about having the catheter? - Is any special care given in relation to the catheter? - Cleanliness of the 	<p>The surveyor should verify that there is a physician's order for an indwelling catheter, including the type and frequency of catheter care. If irrigation is ordered, the order should include type of solution and frequency of irrigation. The record should also indicate the color, consistency, and amount of urinary drainage.</p>	<p>*The facility should follow accepted professional standards in their catheter care.</p> <p>There should be medical reasons for catheter insertion - staff convenience cannot be justification.</p> <p>Direct care staff should know signs and symptoms of urinary tract</p>	

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F132 (cont'd)	tubing and drainage bag. - Color and consistency of urine in bag. - Availability and accuracy of documentation on the I&O sheet if ordered or policy. - Proper equipment for ambulation — leg bag if resident is ambulating (if ordered). - Availability of fluids. - When indicated monitor intake to ensure adequate intake and output or conformance with physician orders. - How many observed residents are on catheter care?	Ask Nursing Aide and Charge Nurse: - How do you routinely position and secure catheters and drainage bags? - How often is each part of the system changed? - What are the indications for insertion of the catheter? - What is the facility's procedure for routine catheter care? - How do you observe for U.T.I.'s in residents with indwelling catheters? - What is the facility's procedure for the cleaning and storage of reusable catheter equipment and drainage receptacles? - How do you care for catheter tubing?	- Assessment should address: + Need for an indwelling catheter. + Resultant problems or limitations. - Plan of Care should address: + Type of catheter and type and frequency of care. + For irrigation, the rationale, the type of solution, amount, and frequency of irrigation. + Frequency of symptoms which would precipitate catheter change. - What is the facility's procedure for the cleaning and storage of reusable catheter equipment and drainage receptacles? - How do you care for catheter tubing?	- Infections (U.T.I.s) and these should be reported and treated promptly. *The Center for Disease Control has developed standards for catheter care which may be used but it is not a requirement. - The record must reflect: + When and by whom the catheter was inserted and for what reason. + Any special care provided. + New problems or changes. + Only appropriately trained staff should deliver catheter care. + Only licensed staff should insert.	

LONG TERM CARE SURVEY			
SURVEY AREA	OBSERVATION	INTERVIEWING	EVALUATION
			FACTORS
F132 (cont'd)			<p>indwelling catheter.</p> <ul style="list-style-type: none"> + The specific type and size of equipment used should be noted. + Signs and symptoms of urinary tract infections (UTI) should be acted upon and documented as to follow-up. - Evaluation/Reevaluation <p>The record should reflect that the resident:</p> <ul style="list-style-type: none"> + Is assessed for UTI. + Has no abdominal distension. - Notes should also include: + The color and odor of urine and the development of any problems after insertion of indwelling catheter. + Verify that catheter is patent.

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCES
Injections F133 SNF 1124(c)	<ul style="list-style-type: none"> - Observe for preparation of injection - i.e. maintenance of sterility; correct dilution, handwashing, before preparation, etc. - Observe injection site for: <ul style="list-style-type: none"> + Redness + Discoloration + Swelling + Lesions - Observe for proper technique when injection is given - Resident is observed for any adverse reaction - What is the disposal method for used needles or syringes? <p>Ask Nurse:</p> <ul style="list-style-type: none"> - What is your plan for alternating injection sites? Show me. - What is the medication for and what are potential adverse reactions? - Is there non-specific pain at the injection site or shooting pains down a limb? - Is there skin irritations or lumps under the skin? - If adverse reaction occurs, how soon are they reported? - Could this be given by any other route? <p>Ask Resident:</p> <p>Suggested questions are:</p> <ol style="list-style-type: none"> 1. What kind of medicine do you receive by injection/shot? Why do you need that medicine? 2. Do you have pain or numbness at or around your injection site? 3. Who gives the injection? 4. Do you receive your injection according to a schedule? 	<p>Physician order sheet</p> <ul style="list-style-type: none"> - Nursing notes for: <ul style="list-style-type: none"> + Resident response to medication if appropriate + Any problems noted at injection site + Another adverse reactions + Site of injection - Plan of care - Rotation of injection site + Care for any special problems related to the injection. <p>Infection Control</p> <ul style="list-style-type: none"> - Is the medication administered according to the physician's order? - Is proper technique used in preparation and administration including site rotation? - Does the nurse administering the medication know the expected action of the drug? - If infection control reports show infections at injection sites. - Is the resident's response to the medication noted in the progress notes? 	<ul style="list-style-type: none"> - Is the medication administered according to the physician's order? - Is proper technique used in preparation and administration including site rotation? - Does the nurse administering the medication know the expected action of the drug? - If infection control reports show infections at injection sites. - Is the resident's response to the medication noted in the progress notes? 	<p>Staff Development</p> <p>405.1121(h)</p> <p>442.314</p>	

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCES
Parenteral Fluids F133 405.1124(c) SNF	The surveyor should observe that parenteral fluids are administered with safe, aseptic technique providing fluids as ordered by the physician. Safety and comfort measures are to be taken insuring maximum protection and optimum hydration of the resident.	Ask Resident: - Why do you have this tube in your (arm/leg)? - Is it comfortable? - Is there a way it would be more comfortable? - How long has it been in? - How much longer will it stay in? Ask Appropriate Staff: - Why the resident is receiving I.V. therapy? - What the drip rate is (the amount of fluid to be received per hour). - How often the dressing is changed. - How often the tubing is changed. - Any signs of swelling or redness at site. - Site dressing is clean, dry and intact. - Accurate I&O of parenteral and P.O. fluids. - If splint (armboard) is used, it is applied to prevent movement but not impede circulation. The surveyor should note the following items: - Labeling of the solution bottle/bag. - Rate of infusion/cc/ml per hour. - Date and time started --additives, if any. - Any signs of swelling or redness at site. - Site dressing is clean, dry and intact.	- Physician's order for parenteral therapy specifying type of fluid, rate of infusion/hour, and additives, if any, is available and current. - Twenty-four hour I&O record. - Nursing documentation indicates physician's orders are being followed. - Any adverse reactions are noted in the medical record. - Record indicates: + Infusion started by whom, date, time, rate of flow. + Note is made of observation of pain or swelling at infusion site. + The need or reason for parenteral fluids. + Response to the therapy. - How often is the site changed? - How often is the infusion checked for drip rate and the remaining volume to be administered?	<ul style="list-style-type: none"> - Is the parenteral fluid administered according to the physician's order and in accordance with accepted nursing practice? - Are infiltrations noted in a timely manner before a large amount of fluid infiltrates? - Is the facility procedure for care of the IV site and tubing changes followed for all patients unless contraindicated? - Does documentation reflect what the patient received, any problems, and his/her response to the parenteral fluid? - Have any adverse effects been caused by administration of IV fluid? - If yes, were these preventable? <p>Problems and limitations encountered by the resident as a result of receiving parenteral fluids.</p> <ul style="list-style-type: none"> - What are your responsibilities when caring for a resident receiving I.V. fluids? - What training have you had? 	Resident Care Policies 405.1121(1) Infection Control 405.1135(b) Patient Care Management 405.1124(d) 442.341

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F133 (cont'd)			<p>specified goals for correction, time frames, and responsible staff.</p> <ul style="list-style-type: none"> - Documentation must include time administered and by whom, the amount of fluid infused, and any other special care administered as a result of IV therapy (i.e., mouth care, assistance with ADLs, etc.). - The record must reflect: <ul style="list-style-type: none"> + Conditions of site and any infiltrations, phlebitis, necrosis, etc. noted, along with measures taken to correct these. + The resident's response to therapy + Changes in laboratory studies <p>*Plan of care would not be modified for a one-time IV infusion.</p>		Patient Care Management 405.1124(d)
Colostomy/Ileostomy F133 SNF 405.1124(c)	The surveyor should ascertain that the facility is providing appropriate nursing care to those residents who have had bowel surgery resulting in a colostomy or ileostomy. It is recommended that the surveyor, with the resident:	Ask Resident: <ul style="list-style-type: none"> - Why was the ostomy performed? - How do you feel about the ostomy? - Does it ever cause you problems (e.g., pain, skin problems, odors, accidents)? If so, what 	<p>The surveyor should determine that:</p> <ul style="list-style-type: none"> - Colostomy irrigations, if ordered, are documented as performed by the resident or appropriately trained staff. - In the case of sigmoid colostomy, regular patterns of bowel elimination are 	Compliance would be indicated if residents are physically and emotionally comfortable with the ostomy with minimal or no skin problems. If residents are not comfortable with the ostomy, are having skin or other problems, the facility	Patient Care Management 405.1124(d)

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Colostomy/Ileostomy F133 (cont'd)	<p>dent's permission, observe care being given to determine that proper techniques are being used. The following steps should be taken to assure that proper ostomy care is being provided.</p> <ul style="list-style-type: none"> - The ostomy dressing should be changed or the bag emptied and thoroughly cleaned promptly after each bowel evacuation or more frequently, if drainage continues. - The peristomal skin should be cleansed and dried, and appropriate measures taken to prevent excoriation and infection. - The resident's privacy should be considered while providing care. - The resident should be provided with information and instruction in self-care at the appropriate level of understanding. <p>The resident should be observed for signs of withdrawal, disgust, anxiety, or other emotional responses which may be related to his/her problems with your</p>	<p>does staff do about it?</p> <ul style="list-style-type: none"> - What does the staff generally do with or for the ostomy? Are they consistent and timely? - Has staff talked to you about doing some of the care for this? If so, what was the outcome? If not, is this something you'd be interested in learning more about? <p>Ask Staff:</p> <ul style="list-style-type: none"> - If nurses aid: <ul style="list-style-type: none"> + How did you learn to take care of colostomies? + What do you do if the skin around the colostomy becomes red or sore? + Do you ever teach the residents to care for their own colostomies? - If nurse (RN or LPN) <ul style="list-style-type: none"> + What is the procedure if the resident becomes constipated? <p>Ask Other Nursing Staff:</p> <ul style="list-style-type: none"> - Is there a facility procedure for ostomy care? - Do you have skin problems with your 	<p>documented as established through management of diet, fluid intake, exercise, and the use of prescribed laxatives, suppositories, and/or irrigations.</p> <ul style="list-style-type: none"> - Ostomy care is documented in the resident's record along with a description of the excreta. - Problems in irregularity, skin breakdown, or other observable concerns are documented and reported to the physician. - Documentation indicates that nursing measures are taken to assist the resident who is experiencing problems in understanding and/or accepting the presence of the ostomy. - Documentation of nursing measures to maintain skin integrity. - Assessment <p>The assessment should indicate:</p> <ul style="list-style-type: none"> + Needs, Problems, and Limitations as a result of an ostomy. + Specific degree of 	<p>should be responding to these and correcting them as reasonable. Care plans should indicate specific goals in relation to problems and specific interventions for reaching these goals. When available an enterostomal therapy nurse should be involved in developing the care plan for residents with urinary and intestinal stomes.</p>	

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Colostomy/Ileostomy F133 (cont'd)	her acceptance of the colostomy/ileostomy. - The surveyor should observe the staff giving ostomy care to verify that proper technique is used.	- ostomy residents? - What do you do when skin becomes excoriated? - What teaching do you do with the residents? - What in general is the response to this teaching?	self-care performed or assistance needed. + Special skin care needs. + Special dietary needs. + Emotional support. + Medications and treatments if needed. - Plan of Care The plan of care should clearly address: + Specific goals to overcome or improve the problems(s) identified. + Methods to accomplish the goal (training, assistance, supervision, treatments, emotional support). + Services necessary and who will perform the services. + Time frame for accomplishing goals.		Social Services 405.1130(a) 442.334(a)(b)

Health Care Financing Administration, HHS

§ 488.115

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Respiratory Therapy F133 SNF 405.1124(c)	<ul style="list-style-type: none"> - Aerosol Compressor or IPPB (Intermittent Positive Pressure Breathing Machine) <ul style="list-style-type: none"> The surveyor must determine that the facility is providing respiratory therapy as ordered by the physician. Observation for this indicator should focus on the necessary equipment as well as on the resident. In order to determine that the necessary equipment is available, the surveyor must look for the following: <ul style="list-style-type: none"> + Aerosol compressor or IPPB Machine Check that the machine is clean and operable. + Tubing – If tubing is not attached to the machine, ask to see it. Check that it is stored dry and with consideration for cleanliness. + Nebulizer Cup – should be attached to tubing. It is filled with either the prescribed medicine or distilled water only if about to be used. It should not be 	<p>While interviewing the resident, observe for sounds of congestion. Note color of lips and nail beds.</p> <p>Ask Resident:</p> <ul style="list-style-type: none"> - Do you ever feel short of breath? - If yes, what is done when this occurs? - Is the therapy helping you to feel better? - Are there any problems with it? <p>If so, how does the staff respond?</p> <p>Is the therapy consistently performed – both concerning time and method of providing it.</p> <p>Ask Staff:</p> <ul style="list-style-type: none"> - What is the reason the resident is getting this therapy? - What are the expected results? - Can you demonstrate how you use the equipment? - How often is the equipment cleared? - What are the infection control procedures in regard to use of res- 	<p>The Surveyor should determine that:</p> <ul style="list-style-type: none"> - Respiratory/oxygen therapy is performed or administered by appropriately trained staff. - There is a physician's order for therapy, and it is specific as to rate of delivery, etc. - If the physician's order is for prn therapy, it should specify for what symptoms. - Any information gained from resident or staff is verified in the record. + Assessment <p>The assessment should address both the need or reason for therapy and any problems or limitations which result from the need for therapy.</p> <p>Plan of Care</p> <p>The surveyor should note:</p> <ul style="list-style-type: none"> + The kind, amount, frequency, and/or duration of therapy based on the physician's order; + Specific goals to overcome to improve any identified 	<p>Only qualified (trained) personnel should administer/assist with respiratory therapy. Therapy must be provided as ordered.</p> <p>The effectiveness of the therapy must be periodically evaluated and therapy revised as appropriate. Effective infection control measures must be practiced. Needed safety precautions for the use of oxygen must be practiced. Equipment should be available and in working order.</p>	<p>Staff Development 405.1121 (h) 442.314</p> <p>Infection Control 405.1135(b)</p> <p>Patient Care Management 405.1124(d) 442.341</p>

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Respiratory Therapy F133 (cont'd)	<p>stored wet. If it is not attached to the tubing, ask to see it. The mouthpiece is connected to the nebulizer cup.</p> <p>The surveyor should also check that all involved equipment is clean.</p> <p>- Oxygen Therapy</p> <p>The surveyor must establish that the facility is meeting the oxygen needs of the resident. When the facility does not have wall units, check that:</p> <ul style="list-style-type: none"> + There are enough cylinders for oxygen delivery. + There should be flow meters and regulators for tanks in use. + A wrench should be attached or stored close by. + If using large cylinders (size 6 or H), look for a carrier since these tanks cannot be transported without it. + The cylinder at the resident's bedside should either be on 	<p>respiratory equipment?</p> <ul style="list-style-type: none"> - What training was given you in the use of this equipment? - Where is the emergency oxygen supply? 	<ul style="list-style-type: none"> - Who is responsible to perform therapy or assist in accomplishment of goal. - Intervention - <p>The record should display evidence that:</p> <ul style="list-style-type: none"> + The plan of care is functional + The therapy was administered in accordance with physician's order for the specified reason(s) by an appropriately trained staff member + Change in condition is documented and acted upon promptly. <p>- Evaluation/Reevaluation</p> <p>The record should reflect:</p> <ul style="list-style-type: none"> + The resident's response to therapy. + If responsive was unresponsive, evidence of further intervention. + Any progress, deterioration, or development of new problems. 	<ul style="list-style-type: none"> + Specific methods to accomplish the goals (observation, supervision, training, etc.) + Who is responsible to perform therapy or assist in accomplishment of goal. - Intervention - <p>The record should display evidence that:</p> <ul style="list-style-type: none"> + The plan of care is functional + The therapy was administered in accordance with physician's order for the specified reason(s) by an appropriately trained staff member + Change in condition is documented and acted upon promptly. <p>- Evaluation/Reevaluation</p> <p>The record should reflect:</p> <ul style="list-style-type: none"> + The resident's response to therapy. + If responsive was unresponsive, evidence of further intervention. + Any progress, deterioration, or development of new problems. 	<p>Physical Environment</p> <p>405.1134 (i)</p> <p>Medical Records</p> <p>405.1132</p> <p>442.318</p>

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Respiratory Therapy F133 (cont'd)	<p>the carrier, sitting on a metal stir, or otherwise secured.</p> <p>+ There should be other necessary equipment available such as humidifiers, nebulizers, masks, nasal cannulas, T-pieces, etc., all should be dry and clean when stored.</p> <p>+ Check to see that non bed-bound residents are not limited to their own chair/room when using oxygen (portable units will prevent social isolation).</p> <p>+ Water reservoir is appropriately filled per manufacturers instructions.</p> <p>+ Check to make certain the tank is not empty and that any tank is labeled as such.</p> <p>+ Check for good oral hygiene of resident.</p> <p>+ The room should be posted with a "No Smoking" sign.</p>		<ul style="list-style-type: none"> + Based on the above information, possible modification of goals. 		

Residents on respirators
Ask Staff [all] levels:
- What training have you had in caring for turned on?

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Respiratory Therapy F133 (cont'd)	<ul style="list-style-type: none"> + Is sufficient Oxygen supply available? + Is the ventilator accessible to an emergency outlet? + Is the resident in a location that allows for frequent observation by staff? + How does the resident communicate with staff? + What level of staff (aide, LPN, RN) caring for the resident? + Is such equipment at bedside? + Is there reserve back-up equipment? + What is the condition of the residents skin around intubation tube/cratoesotomy. + Does the care given use appropriate technique in caring of the patient? 	<ul style="list-style-type: none"> - residents on respirators? - Can you show me how the alarm system works? - What is your procedure for pulmonary care? - What is your procedure for changing tubing and the water reservoir? - What happens if the power goes off? 			

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Tracheostomy Care F133 SNF 405.1124(c)	<p>Satisfactory tracheostomy care is a procedure which promotes a clean, unobstructed air passage and maintains the skin integrity surrounding the tracheostomy site. The surveyor should determine whether:</p> <ul style="list-style-type: none"> - Adequate supplies are available for the care of the tracheostomy such as tracheostomy kits, hydrogen peroxide, normal saline or sterile water, suction machine, catheter, sterile gloves, and clean dressings. - The resident is breathing without difficulty and is comfortable. - The dressing is clean, dry, and intact; the cannula is clean in the proper position, and secured. - The skin surrounding trach is clean and dry with no redness or inflammation. - The resident has adequate oral hygiene. - An extra tube, the same size as the one in 	<p>Resident interviews must be guided by the resident's communication ability.</p> <p>Ask Resident:</p> <ul style="list-style-type: none"> - How long will you have it? - What care can you do for yourself? - What do you need help with? - Who helps you? - Is someone always available to suction him/her when needed? - Is the suction equipment always available in working order? - Is the dressing kept clean and comfortable? - Is the tube kept clean and changed as needed? - How often are the tubes and dressings changed? - Does he/she feel confident in the personnel caring for his trach? - What is communicating with staff and other residents like? - Are staff patient and do they allow you enough time to express your needs/thoughts/feelings? [- May I observe your tracheostomy care?] 	<ul style="list-style-type: none"> - The survivor should determine that tracheostomy care is done as scheduled and as needed following the proper procedure. - Any special solutions that are needed should be addressed in the physician's orders. - Assessment – The record should reflect that the need for tracheostomy care was assessed in terms of: <ul style="list-style-type: none"> + Frequency + Skin integrity surrounding the tracheostomy, noting redness, inflammation, and/or excoriations. - Plan of Care should include: <ul style="list-style-type: none"> + Specific times of trach care and the responsible, appropriate trained person performing this task. + Specific problems relating to skin and breathing as well as the goals set to overcome these problems + Time frames for resolving problems 	<p>Stoma and surrounding skin should be in good condition and if not, there should be treatment directed to resolving this problem.</p> <p>All staff caring for the tracheostomy must be trained and emergency procedures must be known.</p> <p>All needed equipment must be available and in working order. Resident must at all times have readily available a means of communicating with the staff in an emergency.</p>	<p>Infection Control 405.1135 (b)</p> <p>Training 405.1121(h) 412.314</p> <p>Patient Care Management 405.1124(d)</p> <p>Physicians Services 405.1123(b)</p> <p>Social Services 405.1130(a)</p>

Ask Staff:
- Why does resident have

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Tracheostomy Care F133 (cont'd)	place, is available at bedside. - Does resident have an adequate method of communicating with the staff? - Does staff allow enough time for residents to communicate?	- What training were you given to enable you to care for tracheostomies? - What is the procedure for tracheostomy care? - How often is the tube changed? - What do you do if the tube comes out? - May I watch you do a dressing change? - If not convenient, describe what you do. [- How do you communicate with a tracheostomized resident?]	listed in goals. + Plan for periodic assessment of appropriateness of residents' own self care re: teaching or nursing assuming more responsibility as appropriate. - Intervention - The surveyor should look for documentation of: + Trach care and oral hygiene administration, including responsible personnel, time and date, and effects. + Any problems or changes noted in resident condition (e.g., tracheal obstruction, redness, swelling, infection).	- Emotional response to tracheostomy. - Resident is or is not benefiting from trach care and skin care. + If problems are noted, the progress notes and plans for care should indicate changes in treatment. + Resident's emotional response to care of the tracheostomy should be evaluated.	

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Tracheostomy Care F133 (cont'd)			since this may require additional care planning.		
Suctioning F133 SNF 405, 1124(c)	Suctioning is necessary for any resident who is unable to cough up secretions that are obstructing his airway. Suctioning may occur via the oral or nasal route, or stoma route with sterile technique. Attempts should be made to observe a resident being suctioned should such an opportunity arise. If so, observe that a clean/aseptic technique is observed throughout and that the resident tolerated the procedure. There should not be bloody aspirant, cyanosis, or bronchospasm. Check that equipment is in good working order, frequency of procedure, etc.	<p>Ask Resident:</p> <ul style="list-style-type: none"> - How are you feeling now after the suctioning? - Does the suctioning seem to help? - Has staff explained to you the need for suctioning? Why do you need to be suctioned? How often? - Who performs the suctioning (i.e., nurses or nurses aides)? Do you feel safe with the staff performing the suctioning? - Does everyone do it about the same way? <p>Ask Staff:</p> <ul style="list-style-type: none"> - When and where did you learn to suction? - Tell me what procedure you use when you suction a resident... - Do you always have enough suction machines and catheters? - How frequently is suction tubing changed? - What provisions do you have for suctioning if the electricity is lost? <p>Resident observations which indicate need for intervention include:</p> <ul style="list-style-type: none"> - Secretions are draining from a resident's mouth or trach and the resident is unable to 	<ul style="list-style-type: none"> - Assessment - The record should reflect that: <ul style="list-style-type: none"> + the resident is frequently observed for suctioning needs. + Any limitations a resident has as a result of his suctioning needs should be specifically noted. + any problems resulting must be specified. - All equipment must be available and in working order. - All staff caring for the resident must know what to do in an emergency. - Current professionally accepted standards of care must be maintained. <ul style="list-style-type: none"> - Plan of Care Should include: <ul style="list-style-type: none"> + Awareness of the resident's suctioning needs, goals, approaches, and responsible staff needed to improve the problem or at least to maintain the resident at his present status without further deterioration. + The plan must clearly indicate specific approaches towards: <ul style="list-style-type: none"> - Prevention of skin problems around the trach if one exists. - Correction of any existing skin pro- 	<ul style="list-style-type: none"> - Inflection Control 405, 1125(b) - Patient Care Management 405, 1124(d) 	

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Suctioning P133 (cont'd)	<p>cough or clear himself.</p> <ul style="list-style-type: none"> - There are audible crackles or wheezes and/or diminished breath sounds. - The resident is dyspneic. - Restlessness or agitation may also be an indication that suctioning is needed. <p>Upon completion of suctioning above symptoms should, in most cases, be relieved.</p> <p>The surveyor should observe that the resident is positioned to facilitate breathing (usually at a 45 degree angle). Check to see that the facility has an ample supply of suction machines and suction catheters to meet the needs of residents requiring them and that they are clean and properly stored.</p>	<p>- Where are your emergency electrical outlets?</p> <p>- What is your procedure for disposing of the secretions from suctioning?</p> <p>- How often does Mrs./Mr. need to be suctioned?</p> <p>- May I observe you when you suction Mrs./Mr.?</p>	<p>- Blains.</p> <p>- Provision of good oral hygiene including a rigid schedule for mouth care, schedules, or procedures for maintaining clean equipment at bedside as well as disposal of used (dirty) equipment.</p> <p>- Route of suctioning (i.e., oral/nasal/trach).</p> <p>- Intervention - The record should indicate clearly that:</p> <ul style="list-style-type: none"> + The plan of care is being implemented. Documentation should reflect: + The number of times the resident required suctioning, for what specific reason, and by whom the resident was suctioned. + Any special treatment the resident received in conjunction with suctioning 		

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Suctioning F133 (cont'd)			<p>(i.e., oral hygiene, skin care, etc.).</p> <ul style="list-style-type: none"> - Evaluation/Reevaluation The record should reflect: <ul style="list-style-type: none"> + How well the resident tolerates suctioning procedures. + Any bloody aspirant, cardiac arrhythmia, cyanosis, or bronchospasm. + Further interventions utilized to overcome or improve these. + The amount of sputum as well as its color and consistency. + Any progress or lack of progress, deterioration, and/or the development of new problems. + The evaluation should determine whether goals are being reached or if new goals must be addressed. 		
Tube Feedings F133 SNF 405.1124(c)			<p>If the resident is able to be interviewed, suggested questions may be:</p> <ul style="list-style-type: none"> - Staff use proper technique in administering feedings and medications. Check to see that staff checks for location of tube before feeding and that tubing who perform the feeding? 	<p>Tube Feeding Review:</p> <ul style="list-style-type: none"> - Plan of care - Must document tube placement and formula potency prior to each feeding. 	<p>Nursing Services 405.1124(d)(f) 442.338(a)(2)</p> <p>Meal Service 442.331(c)</p> <ul style="list-style-type: none"> - Has the feeding been ordered by a physician? - Is tube feeding nutritionally adequate? - Have attempts been made to discontinue tube feeding if indicated?

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Tube Feedings F133 (cont'd)	<ul style="list-style-type: none"> - The tube is irrigated before and after addition of medication. - The tube is clean and formula flows freely. - The equipment is clean and protected. If dressings are ordered, they are in place, clean, and dry. - The nasal tube is securely but comfortably secured on the face with skin maintained intact and without irritation. - The skin around the gastrostomy is kept clean and free from irritation or infection. It should be checked carefully for leakage of gastric contents. - A resident who has a NG tube for a prolonged period of time should be observed for possible complications, such as nasal erosion, sinusitis, esophagitis, gastric ulceration, and pulmonary infection. - Resident is fed slowly with head elevated to 45° during feeding and at least 1 hour post-feeding. 	<p>If not, what happens? Are you losing or gaining weight? What is your goal?</p> <p>Ask Staff: - Please describe how you would carry out a resident's tube feeding.</p>	<ul style="list-style-type: none"> - In the case of continuous feeding, tube placement must be documented at least every 4 hours. - Naso gastric tube must be secured in a manner that avoids creating pressure on the nose and nasopharynx. - Identify frequency, amt. of feeding based on the physician's order and time span over which each feeding is accomplished. - Medication and treatment records. - Fluid intake records. - Number of calories as well as amount of additional water. - Documentation present regarding removal and reinsertion of tubes. - Record should indicate measures taken to prevent diarrhea and constipation and to treat if they have developed. 	<ul style="list-style-type: none"> - Is skin free from irritation; mouth care is given several times daily? (More frequent mouth care in the case of continuous feeding.) - Have changes in resident condition been noted and addressed (weight loss, constipation, diarrhea, skin condition)? - Have observed problems been coordinated with other departments and resolved? - Is feeding being monitored to ensure that feeding is occurring at the ordered/appropriate rate? - Varied supplements as preferences allow? 	<p>Dietetic Services 405.1125(c)</p>

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Tube Feedings F133 (cont'd)	- Supplies for mouth care are in evidence observe if possible for technique; mouth shows evidence of good care (i.e., moist, clean.)				
Nursing Services F137 SNF (405.1124) ICF (442.338) B. Twenty-four hour nursing.	Are personnel performing duties that are allowed under the State Nurse Practice Act? Do you observe care being rendered in an appropriate, competent manner?	Ask Resident: - Do residents generally feel that people taking care of them now what they are doing? - If no, explain. - Are your treatments done in a consistent manner? - If no, explain. - Do you feel that there are enough people here to take care of you? - If no, explain. - How long do you usually wait for help when you put your call light on? - Is there anything that doesn't get done as often as it should?	- Review progress notes to determine who is giving care. - Review care plan to determine who the facility has assigned to care responsibility to. - Check staffing sheets for minimal requirements and time and attendance for actual staffing. - Review charts maintained for all medications, I, O, restraints, etc.; to assure that sufficient staff are available for carrying out responsibilities as specified in patient care plans.	All nursing personnel must function within their State Nursing Practice Act. Levels of staffing meet at least minimum requirements. Nursing care needs must be identified by the facility & documentation, resident & staff interviews should determine if these needs are met. All nursing staff should have education or training to prepare them for the care they perform.	Patient Rights 405.1121(k)(9) Patient Care Policies 405.1121(l)
F137 1. Assigned duties consistent with their education and experience/characteristics of the resident load.	Does the time schedule posted indicate that at least the minimum required personnel are scheduled and actually on duty?	What is the usual response time before a call bell is answered?	In SNF's is an RN on duty during the day?	Ask Staff: - Do you feel qualified to do all the work you are assigned to do? - If no, explain. - Do you feel you have enough training to keep up with the care the residents require?	Medical Records 405.1132(c) 442.318(a)(c) Patient Care Management 405.1124(d) Staff Development 405.1121(h) 442.341 442.314
F138 2. Weekly time schedules are maintained.	Are licensed staff and aide staff functioning in appropriate roles?	Where are staff spending their time?			
F139 3. There is a sufficient number of nursing staff					

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F139 (cont'd) available to meet the total needs of all resi- dents.	Check for staff who are actually on duty.	- If no, what else do you need?			
F140	4. There is a registered nurse on the day tour if duty 7 days a week (for SNF only).				

Intent.

That all residents are cared for by personnel qualified to provide the care & that sufficient numbers & classifications of personnel are available.

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Patient Care Management F167 SNF 405.1124(d)	Observe resident level of physical, mental, emotional and social functioning. Note problems, potential problems, needs, using observation/interview/record review work sheet.	Ask Resident: - Are you aware that you have a plan of care? - Did you participate in developing a plan of care? - Do your/your family know what the plan is and details? (e.g., diet, ambulation, dressing, etc.) - Do you attend and participate in plan of care meetings? - Who else attends the plan of care meetings? - When did you last attend the meeting for your plan of care?	Review: - Plan of care The content of the plan of care is of primary importance rather than the formal. Separate care plans are not required for each discipline, but may be accepted if there is evidence that the various disciplines coordinate their planning. - Nursing assessments and notes. - Physician orders. - Physician notes. - Assessments/evaluations and progress notes from all professional disciplines as appropriate. - Medication and treatment records as applicable. - Lab reports, as applicable.	- Are all resident's needs/problems identified? - Is the plan developed to meet these needs? - Does the plan demonstrate an interdisciplinary approach, and include: + Goals stated in measurable/observable terms? + Approaches (staff action) to meet the resident's needs? + Responsible disciplines/staff responsible for approaches to assist resident in achieving goal/goals? - Is plan being reassessed and changed as needed to reflect current status? + Does plan of care accurately reflect information gained from observation, interview, and record review?	Physician Services 405.1123 442.346 Medical Records 405.1132 442.318 Resident Rights 405.1121(k) 442.311 24 Hour Nursing Services 405.1124 442.338 Specialized Rehabilitation Services 405.1126 442.343 Training 405.1121(h) 442.314 Resident Rounds 405.1134(e)
F168 ICF 442.341	A. Each resident's needs are addressed in a written plan of care which demonstrates that the plans of all services are integrated, consonant with the physician's plan of medical care, and is implemented shortly after admission.				
F169	B. Each professional service identifies needs,				
				- What happens if you question any treatment or procedure? Can you give an example?	Infection Control 405.1135 442.328 442.324

LONG TERM CARE SURVEY			
SURVEY AREA	OBSERVATION	INTERVIEWING	EVALUATION FACTORS
F 170 (cont'd)			
		Ask Staff:	Social Services
		<ul style="list-style-type: none"> - What is your input into resident's plan of care? - What aspect of the resident plan of care are you carrying out? - What is this particular resident's plan of care? - How do you assist the resident in carrying out the plan of care? - Who attends the care planning meeting? - Is the Plan of care useful to you in caring for the resident? - Is there anything the resident needs that is not addressed in the plan of care? - How often is it reassessed? 	405.1130 405.1131(a) 442.34(d) Activities 405.1131 442.345 Dietetic Services 442.1135 442.332
		INTENT	
		The intent is to ensure that the facility identifies the resident's (with residents/family input) if applicable needs through the coordinated efforts of all disciplines.	

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Restorative Nursing Activities of Daily Living F17-176 SNF 405.1124(e) ICF 402.342 442.345(a)(c)	<p>A. Observe residents in need of assistance.</p> <ol style="list-style-type: none"> 1. Is needed assistance provided? 2. Is resident provided assistance and instruction as appropriate, in all ADL's to increase his/her level of independence? 3. Does staff minimize pain/discomfort while assisting resident? 4. Is resident taught transfer techniques? 5. Is resident assisted to toilet in timely manner? 6. Resident personal equipment available & within reach? <p>Glasses Hearing aids Dentures [Artificial larynx]</p> <p><u>INTENT</u></p> <p>To assist the resident to attain or maintain his/her maximum level of independence and function?</p>	<p>Ask Resident:</p> <ul style="list-style-type: none"> - What assistance do you need with bathing and/or dressing? Who helps you? - Does the staff plan with you your dressing/bathing schedule? - Do the nursing and activities staff coordinate your schedule so that you have the opportunity to participate in favorite activities? - Are you able to dress/bathe at times convenient for you? - Are you bathed consistently (i.e., on the day(s) scheduled for the bath get performed)? - Where are you bathed? (bed, shower, tub?) - Are there adequate clothes available for you to wear? - Do they come back from laundry in appropriate condition? - How do you get in and out of bed? - If staff assists you, do they seem to be able to do their job appropriately? - Do you always feel safe when 	<p>Review:</p> <ul style="list-style-type: none"> - Plan of care reflects assessment, goals, methods to reach goals, service providers, evaluation, and achievement. + Addresses restorative nursing assessment, program initiation, implementation and evaluation of the progress over a reasonable time period. - Does restorative nursing assist the resident to acquire a higher level of independence? Is sufficient time allowed to resident for learning to increase his/her level of independence? + Identifies planning for potential discharge for all residents to determine a disposition on home care or an alternate level of care. - Nursing Notes + Demonstrates evidence of assessment, intervention, response to treatments/teaching and their progress toward independence, a maintenance level or a deterioration. + Provide evidence of interdisciplinary conferences. 	<p>Are patient needs identified? Verify that the plan of care addresses resident needs and is implemented as scheduled and that all appropriate information is documented.</p> <p>If goals are not reached, has a reevaluation been performed and goals revised?</p> <p>Does restorative nursing professional judgement determine the assessment or appropriate time frames.</p> <p>Are assistive devices used regularly as per plan and are they in good repair?</p> <p>Is there an assessment, and if appropriate, a plan for each ADL that the resident needs to gain independence in? Maintenance goals should be noted as appropriate.</p>	<p>Physicians Services 405.1124(a)(b)</p> <p>Nursing Services 405.1124(a)(b)(c) 442.342</p> <p>Dietetic Services 405.1125(a)</p> <p>Activities 442.331(a)(b)</p> <p>Specialized Rehab. Services 405.1126</p> <p>442.345(a)(1)(2)</p>

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F171-176 (cont'd) ADL's (cont'd)	<p>Prosthetic devices (eg. braces, artificial extremities). Adaptive equipment (e.g., built-up spoon, reachers). Orthotic devices (eg. Splints, AFO's). Restraints (eg.- vest, waist, wrist, ankle, mitts, nets, geri-chairs). Grooming items (eg. comb, brush, shaver). Oral hygiene (eg. toothbrush, tooth-paste, mouthwash, denture cup). Self-feeding devices. Assistive devices for special sensory loss needs (eg., communication boards, large print books, magnifiers, writing tablets, picture cards, talking books).</p> <p>Training/re-training Prosthetic management Stroke adapted ADL's Self-injections of medications Bladder Self-feeding Self-grooming Ambulation</p>	<p>being helped? - Are staff members encouraging you to do things for yourself?</p> <p>- Do you have any problems getting to the bathroom on time? - Do you have any problems with leakage when you sneeze, laugh or at any other particular time? - How does the staff help you with these problems? - Are they aware of the problems? - Do you bowel's move regularly? - If not, what do you/ staff do about this? Are you able to feed yourself? - Are you able to get to the dining room by yourself? If not, why? In that case, what does staff do about this? - How long have you been up today? - Do you usually lie down for a rest? - If you need help getting into or out of bed is staff available to help you when you need it? - Where do you spend most of your time - in your chair, wheelchair or in bed?</p>			

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F171-176 (cont'd)	<p>Colostomy/Ileostomy Care Respiratory Care (Oxygen inhalation) Speech Mobility Upper extremity dressing Lower extremity dressing</p> <p>Observe at mealtime whether staff encourages/guides residents in self-feeding or feeds the residents.</p>	<p>Does anyone move your arms or legs or help you with exercises?</p> <ul style="list-style-type: none"> - Have your sleeping habits changed since you came to the nursing home? If yes, in what way? - Are you able to get help during the night if needed? + What kind of help is needed? + Is staff response timely? - Do you feel there are adequate care supplies at this facility? - If not, can you give me an example of why you feel this way? - Is your family involved in assisting you or if learning to help you? - Do you feel there is adequate staff at this facility? - If not, can you give me an example of why you feel this way? - Does staff assist and/or encourage activities (e.g., R.O.M., ambulation, ABL, communication programs, feeding)? - How often does staff assist in activities? - Is there anything resident would like to do 			

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F171-176 (cont'd)		<p>for himself/herself that staff is doing?</p> <ul style="list-style-type: none"> - Is resident comfortable (e.g., free from pain)? - Is your cane/walker/crutches comfortable for you to use? - Did anyone measure you so you have the right size cane/walker/crutches? - Did anyone show you the correct way to use your cane/walker/crutches? - If the facility arranged so that you can get around easily? <p>Ask Activities Staff: Do you provide information to nursing staff about time and place of activities, plus names of residents who are to attend or those who might be interested in attending?</p> <p>Chair-Bound Resident: Ask Resident:</p> <ul style="list-style-type: none"> - Does he/she know why he/she is in chair? - Is resident assisted to use bathroom? - Is resident comfortable? - Does he/she see therapist? (O.T., Speech, P.T.) and how often? - Does resident go to a 			

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F171-176 (cont'd)	<p>therapy area or does therapist come to resident?</p> <ul style="list-style-type: none"> - Is able to reach items needed? <p><u>Ask Nurses/Aide</u></p> <p>-Who give you information about the time and place of activities and which residents are to attend?</p> <p>How are you given this information?</p> <p>-How do you encourage a resident to do the most for himself?</p> <p><u>Wheelchair Resident</u></p> <p><u>Ask Resident:</u></p> <ul style="list-style-type: none"> - Does he/she know why he/she needs a wheelchair? - Is resident trained and/or encouraged in independent W/C ambulation and activity? - Does resident know how to lock and unlock wheelchair? <p><u>Ask Staff:</u></p> <ul style="list-style-type: none"> - How is a resident set up for independent W/C ambulation? - Nurse Aide - has resident received instruction in transfer techniques? 				

For Bed Bound Resident
In addition to appropriate interview questions above:

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F171-176 (cont'd)		<p>Ask Resident:</p> <ul style="list-style-type: none"> - How do you spend your day? - Can you do some things for yourself? - Does the staff give you a chance to learn self-care skills? <p>Ask Nurse:</p> <ul style="list-style-type: none"> - If the resident had access to a recliner chair, would he/she be able to be out of bed? - Is the time out of bed coordinated with the activity schedule and necessary care? <p>Ask Nurses'Aide:</p> <ul style="list-style-type: none"> - Does this resident do any self-care? Why not? - If no, has anyone tried to teach him/her to do some care? 			

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Positioning F175 SNF 405.1124(e)	<p>Observe residents in bed, chairs, restrained or in "protective devices" for body alignment positioning - contractures (when did they occur and what is being done)?</p> <p>- ROM program (observe extent & technique of provider)</p> <p>- Assistive devices (overhead pulleys, slings, splints, etc.)</p> <p>- Turning/repositioning schedule and adherence to the schedule.</p> <p>- Devices to maintain positioning, i.e., sandbags, extra pillows, etc.</p> <p>To assure that the resident is positioned at all times to promote maximum therapeutic benefit and comfort, as well as safety.</p>	<p><u>Ask Resident:</u></p> <ul style="list-style-type: none"> - How often are you turned/repositioned by the staff? - Is that often enough? - Are you comfortable now? Do you have any pain or discomfort? Where? - How long have you had joint stiffness (contractures)? - What kinds of exercise do you do every day, including range of motion (ROM)? How long does the exercise last and how frequently do you exercise each week? - Do you wear special devices? How often? - Consistently? - Are they always applied and removed appropriately and promptly? - By whom? <p><u>Specific Observations for the Bed Resident</u> (as appropriate to condition).</p> <p><u>Positioning/body alignment</u></p> <p><u>Resting splints & correct application</u></p> <p><u>Foot positioning boards</u></p> <p><u>Trapeze</u></p> <p><u>Hand rolls</u></p> <p><u>Elbow/leg splints & correct application</u></p> <p><u>Restraints</u></p> <p><u>Siderails (padded)</u></p> <p><u>Special mattresses</u></p>	<ul style="list-style-type: none"> - MD orders for non-nursing interventions/creations. - Plan of care should include at a minimum: <ul style="list-style-type: none"> + Restorative goals + Specific joints to be exercised + Devices to be used in positioning + Frequency of treatment or repositioning + Resident teaching information + Resident teaching information + Services responsible for carrying out the procedures + Time frames for reaching goals + Nursing progress notes indicate: + Plan has been implemented + Progress toward goals + Response to information from reevaluation - Look for actual turning/repositioning schedule 	<p>Plan of care should be complete addressing resident positioning needs and plan is implemented on a daily basis.</p> <p>Care givers are knowledgeable re plan content.</p> <p>Residents are turned as scheduled.</p> <p>In good body alignment with proper assistive devices & equipment.</p> <p>Contractures are prevented and/or treated.</p> <p>Plan is reviewed, evaluated and revised at least quarterly, but must be done as often as patient condition dictates.</p> <p>Ask aide assigned to demonstrate the hand holds he/she uses for ROM. If aide doesn't know, ROM is probably not being done. Do it "at bath time." is not sufficient.</p>	<p>Rehabilitative Services 405.1126(h) 402.345(c)(2) MD Orders Activities Resident Rights Nursing Staffing Inservice Social Service Dietary</p>

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE															
F175 (cont'd)	Blankets/pillows Clean, smooth linen Clean, appropriate bed wear Turning schedules ROM schedule O.O.B. (as tolerated) Water available All adaptive devices are clean and in good repair. All assistive supportive devices are clean and in good repair.	<ul style="list-style-type: none"> - When? - Does staff answer call bell's promptly? How soon? - Is resident able to reach items (e.g., water call bell, urinal, enema bag in tissues)? - How much confidence do you have when the nurses are helping you transfer, or turn and so on? - Does resident go to therapy area or does therapist come to resident? <p>Specific Observation for the QOB Resident in Chair (geri chair, lounge chair in room, as appropriate to condition)</p> <p>Arrangement of room facilitates residents optimal independence (e.g., independent eating, grooming, T.V., radio, water).</p> <p>Positioning/body alignment.</p> <p>Blankets/nap robe, pillows, foot stool.</p> <p>Hand rolls, splints.</p> <p>Clean, dry attire.</p> <p>Pressure relief device.</p> <p>Restraints, with release & activity schedule.</p> <p>Call bell available.</p>						Ask Staff: Bed Rest Resident		<ul style="list-style-type: none"> - How often is position changed? 		<ul style="list-style-type: none"> - What activity is done at the time (e.g., R.O.M., toileting, QOB, grooming)? - What can resident do independently? - Is equipment available? <ul style="list-style-type: none"> - Who maintains and cleans the equipment? - What is the schedule for this? - What training have you had to learn to position patients correctly? 								

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F175 (cont'd)	<p>Specific Observation for the Wheel Chair Resident (as appropriate to condition, including deliberate alterations made to equipment for specific reasons.)</p> <ul style="list-style-type: none"> - Proper fit - Good working condition - Appropriate arm rest, footrest, leg support, lap tray - Proper positioning - Pressure relief aids, (e.g., gel flotation pads, egg crate mattress, sheepskin) - Set up for independent W/C ambulation - Functional adapted toilet area - Transfer techniques <p>Observe how staff wheel the resident (e.g., do they inform before starting movement?)</p> <p>Are patients moved wheeling forward and facing elevator doors?</p> <p>Observe staff for:</p> <ul style="list-style-type: none"> - verbal cues - physical support - buddy mechanics <p>Specific Observation for the Ambulatory Resident (as appropriate to condition)</p> <ul style="list-style-type: none"> - Gait (stable/unstable) - Appropriate devices for 	<p>- Was there any part of your orientation when you first came to work here that addressed positioning?</p> <p>- Do you have any periodic reviews/updates on positioning?</p> <p>Chair-Bound Resident</p> <p>Ask Staff:</p> <ul style="list-style-type: none"> - How often is resident repositioned/taken out of chair? - What is the activity at time of repositioning and/or release of the restraint? - What can resident do independently? <p>Ambulatory Resident</p> <p>Ask Staff:</p> <ul style="list-style-type: none"> - Is resident encouraged to independently ambulate to and from activities and dining room (with or without personal assistance)? - Does resident do as much as he/she can independently? - What does resident do? How do you know that resident is maximally independent? - If it is not working independently, how do 			

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F175 (cont'd)	ambulation (e.g., cane, crutches, hemi-sling - Posture - Appropriate staff assistance in ambulation - Grab bars (walls, bath/shower area) - Functionally adapted toilet area	you deal with it? - Is there something resident would like to do that he/she is not allowed to do (e.g., shave self, apply make-up, style own hair)? - What training have you had in learning to position residents and do range of motion? - What opportunity do you have for ongoing training? - Who does the actual training?			
Nursing Services G. Administration of Drugs F183-184 SNF 405, 1124(g) ICF 442.337	Check question placement under Interviewing. May be more appropriate for resident's rights section. Observe wheelchair technique used by staff.	Check question placement under Interviewing. May be more appropriate for resident's rights section. Observe wheelchair technique used by staff.	Review the medication administration record. (as appropriate) See SOM Appendix N, Transmittal No. 174 for details of the Surveyor Methodology for Detecting Medication Errors.	If the combined total of significant & non-significant errors is 5% or above, a deficiency is present. Any significant error is cause for a deficiency. See Appendix N for details.	Physician Services 405, 1124(b)(7) Pharmaceutical Services Supervisor Division 405-1127(a) 442.336(a)(b)
F186	The patient is identified prior to administration of a drug.	Ask Resident: - Do you always receive your medication on time? - If not, what is the problem? - Do you receive the correct medication? - Who explained your medications to you? - What reactions do you have? - What happens if you have a question or refuse to take your medication? - Who gives you your medication? - Do your medications change in appearance?	Review the medication administration record. (as appropriate) See S.O.M. Appendix N, Transmittal No. 174 for details of the record review.		

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F187. Drugs and biologicals are administered as soon after doses are prepared.	washing, pouring of dosage, position of resident).	<ul style="list-style-type: none"> - Do the nurses stay with you when you take your medication? - Do any of the medications bother you? <p>Ask Staff:</p> <ul style="list-style-type: none"> - Do you generally have available the medications you need? - Are there any problems in administering medications? <p>Note drug doses refused by resident and how handled by staff.</p>			
F188. Administered by same person who prepared the doses for administration except under single unit dose packet distribution system.				<p>Exception:</p> <p>ICF residents may self administer medications with their physician's permission.</p>	

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
H. Conformance with Physician Drug Orders F189 F190 F191 SNF 405; 1124(h) ICF 402; 334(a)	Combine with observation of drug pass.		<ul style="list-style-type: none"> - Review the latest recap of the physician's orders - Review the medication administration record (as appropriate) - See S.O.M. Appendix N, Transmittal No. 174 for details of the record review. 	See Appendix N for details	Physician Services 405.1123(b)(7)

Intent.
All residents receive medications as ordered by the physician.

LONG TERM CARE SURVEY				
SURVEY AREA CROSS REFERENCE	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS
DIETETIC SERVICES (Condition of Participation) F193 SNF (405, 1125)	<ul style="list-style-type: none"> o Specific Observations which might be indicative of possible nutritional problems: <ul style="list-style-type: none"> - menu usually followed; <p>Clinical findings:</p> <ul style="list-style-type: none"> - underweight/overweight/dehydration - edema - cracked lips - pallor - dull or dry hair - swollen or red tongue - bleeding gums - decubitus ulcers - infections 	<p>Ask dietary manager to explain the procedure for making substitutions and recording the changes.</p> <p>- Is menu usually followed?</p> <p>Ask Resident:</p> <ol style="list-style-type: none"> 1. How are your meals? 2. Are there foods you are not allowed to have? 3. Are you on a special diet? 4. Do you receive foods that are not appropriate for your diet? If so, what do you and the staff do about that? 5. What time do you receive breakfast, lunch and supper? Do you always receive a meal at mealtime? If not, why? What happens then? 6. Do you like the taste of the food? 7. Is the temperature appropriate (i.e., milk chilled, coffee hot, etc.)? 8. Do you get enough to eat? What do you do if you're still hungry after a meal? 	<p>Review Nutrition assessment for the following documentation:</p> <ul style="list-style-type: none"> o Usual/ideal body weight/height o Dietary allergies/sensitivity to chew and swallow regular foods without difficulty. o Full or partial dentures o Mental and emotional condition o Physical appearance, skin condition o Appetite and food preference. o Vitamin and mineral supplements. o Food and fluid intake in measurable terms and frequency of meals. o Degree of assistance needed in eating, related mobility, vision, or other identified problems. o Medications (e.g., diuretics, insulin, antibiotics, etc.) o Related laboratory findings (e.g., fasting blood sugar, cholesterol, oil, sodium, potassium, hemoglobin, BUN, serum albumin, transferrin or creatinine-height index if available). 	<p>Physician Services</p> <ul style="list-style-type: none"> o Were physician diet orders followed? o Did nursing plan for feeding and assistance at mealtime? o Is there rehabilitative use of assistive devices, if appropriate? o Is modification of consistency of meals made if resident has a problem or change in condition? o Are between meal and bedtime snacks provided as needed? o Is socialization at meals provided? o Has dietitian provided counseling of resident and family as needed (related to diet)? o Usual body weight is maintained/supported? o Is there evidence that the plan is being carried out (e.g., documentation in the resident's chart, observation by the surveyor, and resident/staff interview); if the resident refuses meals or does not respond to intervention, the notes in the chart should indicate efforts to intervene or provide counseling.
F194 SNF (405, 1125(b))	<ul style="list-style-type: none"> o Physiologic factors which may affect intake: <p>Physiologic factors which may affect intake:</p> <ul style="list-style-type: none"> - Swallowing difficulties - Vomiting - Food intolerance - Poor dentition - Sore mouth - Constipation - Diarrhea - Inability to feed self - Decreased visual and olfactory acuity - Unable to communicate - Loss of appetite 			
F195 ICF (402, 332(a)(1))				
F196	<p>Resident are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.</p> <ul style="list-style-type: none"> o Psychological/Social Confusion 			

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F196 (cont'd)	<ul style="list-style-type: none"> - Excessive food likes and dislikes - Refusal to eat o Selected biochemical changes which might indicate nutritional changes in nutritional status: <ul style="list-style-type: none"> - Visceral protein - Serum albumin - BUN - Serum electrolytes <p>Ensure that each resident receives food in the amount, kind, and consistency to support optimal nutritional status.</p>	<p>9. Do you receive nourishment in the evening? Do you have a choice about what you want to eat?</p> <p>10. Do you receive medicines during meals? If yes, do you know what it is or what it is for?</p> <p>11. Do you get food from outside of facility that you buy or family brings? How often? What kind of food?</p> <p>12. How often does anyone from the kitchen come to ascertain your feelings and opinions on the food service, your portion size, etc.?</p> <p>13. Where do you eat (e.g., dining room, your room, etc.)? Is this your choice? Do you have a choice of where you eat?</p> <p>14. How often have you seen a therapist for your swallowing difficulties? "How has the therapist instructed you/staff/family on methods to improve your swallowing?"</p>	<ul style="list-style-type: none"> o Food/drug interactions o Mental/emotional assessment as it relates to resident's food habits. Review: o Plan of Care o Nursing Notes Review: o Physicians orders o Progress notes o Notes from other professional disciplines as appropriate. <p>During mealtime observe the resident for:</p> <ul style="list-style-type: none"> - adherence to food preferences - adequate space for eating - self-feeding skills - proper position for eating - ability to eat foods served - use of adaptive feeding devices - amount of food actually eaten - protection of resident's clothes - amount of time resident is allowed to chew and swallow - Assistance provided as needed to and from dining area - All beverages are covered] 	<p>Is there evidence that the resident's progress is regularly observed (e.g., awareness of food and fluid intake such as acceptance of foods, food consumed, and resident's appetite)?</p> <p>o Is fluid intake for resident encouraged, Foley catheter, problem feeders monitored?</p> <p>o Is there general evidence as to whether poor resident conditions are due to poor care or whether the facility has taken appropriate measures to prevent or resolve problems.</p> <p>o Is there indication of progress toward desired outcomes? If not, is the evidence of relevant evaluation available within specified time frames?</p> <p>o When the anthropometric and clinical data do not correlate with dietary data, (food intake, dietary supplements), the surveyor should take note that the problem may not be nutritional).</p> <p>Menu Evaluation</p> <ul style="list-style-type: none"> o Adequate in energy and nutrients <ul style="list-style-type: none"> - Protein - Calories <p>Ask Dietician</p> <ul style="list-style-type: none"> - Describe the meal planning input you receive from residents. 	<p>-405.1124(f)</p>

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F196 (cont'd)	<p>Assistance being provided in case of choking, incontinence, falling, or other emergencies.</p> <p>Nursing Staff supervision of dining areas including residents' rooms during meal times.</p>		<ul style="list-style-type: none"> - Vitamin C - Calcium Selected evaluation of residents for in depth review: <p>A check list can be used to evaluate daily menus for basic foods: (use standard serving portions)</p> <p>Daily food plan should include:</p> <p>MILK GROUP 1 pt milk</p> <p>MEAT GROUP 5 equivalents.* 1 equivalent equals 1 oz. of meat (edible portion) weighed after cooking (this includes eggs, dried peas, beans, nuts, and all meat, fish and poultry).</p>	<p>VEGETABLE AND FRUIT GROUP</p> <p>5 services or more, including a dark green or deep yellow vegetable for vitamin A value every other day and a citrus fruit or other fruit rich in Vitamin C daily.</p>	

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F196 (cont'd)	<p>Observe serving portions sizes on all menu items:</p> <p>MILK GROUP - 1 pint daily</p> <p>Source of: Protein Calcium Phosphorus B Complex</p> <p>MEAT GROUP - 5 lean meat equivalents (1 meat equivalent = 1 oz meat, poultry, fish, cheese & egg; also dried peas, beans, and nuts).</p> <p>Source of: Protein Iron Vitamin B12</p> <p>VEGETABLE AND FRUIT GROUP - 5 servings or more (1/2 cup = 1 serving)</p> <p>Source of: Vitamin A, C, B6, Folicin, Fiber</p>	<p>BREAD-CEREAL-POTATO-LEGUME-PASTA GROUP 7 servings</p> <p>FATS AND SWEETS (Without this group the diet contains 1,415 kcal)</p> <p>Diets should be adapted from facility's currently approved diet manual.</p> <p>Menus are dated and contain minimum portion sizes.</p> <p>Are substitutions noted on the file copy?</p> <p>Are substitutions made within the same food group i.e., meat for another source of protein in the meat group, or vegetable of similar nutritional value?</p>			

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F196 (cont'd)	FATS AND SWEETS (to increase caloric intake) IODIZED SALT (unless contraindicated) Adequate fiber in diet		<ul style="list-style-type: none"> o Documentation of decision to withdraw or begin artificial feeding and hydration. <p>Check menus for variety</p> <p>Are they specific (i.e., states kinds of fruit, juice, vegetable)?</p> <p>DILATORY SERVICES</p> <p>SELECTED NUTRITIONAL REQUIREMENT RECORD REVIEW</p> <p>N-8. The basal energy expenditure (BEE) and caloric requirement using Harris-Benedict formula recognizes the variation in energy needs for individuals.</p>	<p>1. Anthropometry- Height <u>Height</u></p> <p>NOTE: The following sample formulas and guidelines are not the only acceptable guides available. The surveyor should ask to use the assessment guidelines used by the facility before using the ones provided here.</p> <ul style="list-style-type: none"> o Important indicator of nutritional outcomes. o Disease state can have adverse effect on desired body weight. 	

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F19c (cont'd)			<p>2. Height for Height Calculation</p> <p>Females: Allow 100 lbs. for first 5 ft. of height plus 5 lbs. for each additional inch</p> <p>Males: Allow 106 lbs. for first 5 ft. of height plus 6 lbs. for each additional inch</p> <p>Estimating Caloric Needs</p> <p>1. FORMULA: Harris-Benedict Equation</p> <p>Men: $66 + (13.7 \times \text{Wt. in Kg}) + (5 \times \text{Ht. in cm}) - (6.8 \times \text{Age}) = \text{BEE}$</p> <p>Women: $65.5 + 9.6 \times \text{Wt. in Kg.} + (1.7 \times \text{Ht. in cm}) - (4.7 \times \text{Age}) = \text{BEE}$</p> <p>Parenteral Anabolic: $1.75 \times \text{BEE}$</p> <p>Oral Anabolic: $1.5 \times \text{BEE}$ (Kcal/s)</p>		

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F196 (cont'd)			<p>Oral Maintenance: 1.20 x BEE (Kcals)</p> <p>Metric Conversions: (Approx)</p> <p>pounds (lb.) x 0.45 = kilograms (kg)</p> <p>inches (in.) x 2.5 = centimeters (cm)</p> <p>Estimating Protein Needs</p> <ol style="list-style-type: none"> Allow 0.8 gram protein per kilogram of ideal body weight. Increase to 1.2 - 1.5 gm/kg for patients with depleted protein stores (decubitus, draining wounds, fractures, etc.). <p>Fluid Requirement</p> <p>Based on actual body weight:</p> <p>Over 55 years with no major cardiac or renal diseases: (NOTE: 2.2 lbs. equals 1 kg of body weight)</p>		

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE																						
F196 (cont'd)			<p>Example: 120 lbs/2.2 lbs. = 54.5 kg (55 kgs) 55 kg x 30 cc - 1,650 cc/day</p> <p>Note: Isotonic Standard Tube Feeding = Approximately 80% water.</p> <p><u>Amputation % of Body Weight</u></p> <table> <tr> <td>Leg Below Knees</td> <td>20%</td> </tr> <tr> <td>Arm At Elbow</td> <td>10%</td> </tr> <tr> <td>Arm</td> <td>6%</td> </tr> <tr> <td>At Elbow</td> <td>3.6%</td> </tr> </table> <p><u>Suggested Standards for Evaluating Significance of Height Loss % of body weight loss</u></p> <table> <thead> <tr> <th>Inter-val</th> <th>Significant Loss</th> <th>Severe Loss</th> </tr> </thead> <tbody> <tr> <td>1 week</td> <td>1-2%</td> <td>2%</td> </tr> <tr> <td>1 month</td> <td>5%</td> <td>5%</td> </tr> <tr> <td>3 months</td> <td>7 1/2%</td> <td>7 1/2%</td> </tr> <tr> <td>6 months</td> <td>10%</td> <td>10%</td> </tr> </tbody> </table>	Leg Below Knees	20%	Arm At Elbow	10%	Arm	6%	At Elbow	3.6%	Inter-val	Significant Loss	Severe Loss	1 week	1-2%	2%	1 month	5%	5%	3 months	7 1/2%	7 1/2%	6 months	10%	10%	<p>From Blackburn, et al: "Nutritional and Metabolic Assessment of the Hospitalized Patient: JPEN Vol. 1, 1977.</p>
Leg Below Knees	20%																										
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Inter-val	Significant Loss	Severe Loss																									
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3 months	7 1/2%	7 1/2%																									
6 months	10%	10%																									

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F196 (cont'd)			Lab Indices for Visceral Fluids	Mild Deficiency 3.5-3.2 Total Lymphocyte Count (cu/mm) Transferrin (If Available)	Moderate Deficiency 3.2-3.8 1800-1500 200-180 Severe Deficiency 3.2-8 1500-900 180-160

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
B. Therapeutic Diets	System for the provision of diets: o Dietetic service Kardex o Therapeutic menus or file o Therapeutic preparation o Nourishment preparation and service o Adequacy of nourishment o Individual menus or diet cards	Ask Staff: o Number, type of therapeutic diets? o Time of nourishment activity, who's responsible? o Nourishment provided for day of survey?	Review: - Physician diet orders in medical record - Nurses' Kardex - Dietary Kardex - Therapeutic diet menu - Diet cards	Note: The surveyor should interview staff regarding their knowledge of the feeding schedule and training in administering tube feedings. Some residents having difficulty in speaking or swallowing with the tube in place (i.e., poor toleration). The surveyor should inquire if mouth feeding was attempted.	Nursing Services 405.1124 405.1124(c) (d.) Patient care plan (f.) Supervision of patient nutrition
F197 SNF 405.1125(c)	F198 ICF 402.332(b)(1) (2)				
F199	1. Therapeutic diets are prescribed by the attending physician. 2. Therapeutic menus are planned in writing, prepared, and served as ordered with supervision from the dietitian and advice from the attending physician whenever necessary.	Staff use proper technique in administering feedings and medications. Check to see that staff checks for location of tube before feeding and that tubing is irrigated before and after addition of medication. Unused milk-based tube feeding should be discarded in a timely manner	Ask Resident: If the resident is able to be interviewed, suggested questions may be: 1. How long have you been fed by this tube? 2. When was the last time you tried to eat by mouth? What happened? 3. How often do you receive the feeding? Is this consistent?	Tube Feeding Review: - Plan of care - Identity frequency, amount of feeding based on the physician's order and the time span over which each feeding is accomplished - Medication and treatment records - Fluid intake records - Number of calories as noted and addressed.	On Purée diets: o Ordered by physician o Prepared fresh daily o Same calories and/or food groups as if served whole. Purée foods are coordinated with general/regular menu. On Tube Feeding: o Has the feeding been ordered by physician? o Is tube feeding nutritionally adequate? o Have attempts been made to progress tube feeding if indicated? o Have changes in resident condition been noted and addressed.

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F191-199 (cont'd)		<p>4. Does the staff help you in feeding? [Do you feel] comfortable/safe with all the staff who perform the feeding? If not, what happens?</p> <p>5. Are you losing or gaining weight? What is your goal?</p> <p>6. How often is the tube changed? Who does this? Do you feel comfortable/safe with all staff who perform this procedure?</p>	<p>well as amount of additional water</p> <ul style="list-style-type: none"> - Periodic reassessment of ability to swallow - Record should indicate measures taken to prevent diarrhea and constipation and to treat if they have developed. 	<p>weight loss, constipation, diarrhea, skin condition?</p> <ul style="list-style-type: none"> o Have observed problems been coordinated with other departments and resolved? o Is feeding being monitored to ensure that feeding is occurring at the ordered/appropriate rate? o Varied nourishments as preferences allow? <p>Interview staff regarding knowledge of diabetic diets.</p> <ul style="list-style-type: none"> o What nourishment does the diabetic patient receive? o If diabetic patient refuses the meal, what is done to supplement the meal? <p>If resident is able to be interviewed, suggested questions:</p> <ol style="list-style-type: none"> 1. How long have you been on your diabetic diet? 2. Do you know some of foods you must avoid? What are they? 	<p>On Diabetic Diets and Other Therapeutic Diets</p> <ul style="list-style-type: none"> o Ordered by Physician o Varied, nutritionally adequate o Individualized to suit resident o Re-evaluation indicates diet meets objectives. o If not appropriate, documentation is provided o Laboratory results support diagnosis o Between meals nourishment provided as needed and recorded in measurable amounts.

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F197-199 (cont'd) F198	Observe tray/meal service: o Low sodium diets are platable (taste) o Sugar sources on diabetic diet trays o Salt sources on sodium restricted diet trays.	3. Do you receive a nourishment between meals or before going to bed?	FOR THE RESIDENT WITH DECBUTIS ULCERS	<p>Ask Staff:</p> <ol style="list-style-type: none"> Regarding knowledge of dietary needs What do you do when this resident refuses milk, meats, bread, etc.? What nourishments are provided to this resident? How often? What happens when a weight loss is noticed with this resident? <p>Ask Resident:</p> <ol style="list-style-type: none"> Has anyone talked with you about the importance of eating your meals? Do you get foods that you don't eat on your tray? When do you feel hungry? Do you get between meal nourishments? 	<p>Nursing Service 405.1124</p> <p>(d) Patient Care Plan</p> <p>(f) Supervision of Patient Nutrition</p> <p>A system is in place to provide the type and amount of nutritional support needed by the residents who have developed decubitus ulcers.</p> <p>Food and supplementation are provided in a method to ensure intake of nutrients needed by residents with decubitus ulcers.</p> <p>Nutritional intervention is assessed and reassessed to ensure appropriate intervention for acceptable health care outcome.</p>
F199	Therapeutic menus are planned in writing, prepared and served as ordered with supervision from the dietician and advice from the physician whenever necessary.	Functioning system to provide the needed nutrients: - Resident's general appearance - Meal service + Food acceptance + Adherence to food preferences - Food supplementation + Type to support + Method of service + Assistance provided + Timely provision as ordered - Portion sizes - Conforms to physicians orders	<p>1. Identify residents with conditions that immobilize or prevent voluntary body movement</p> <p>2. Identify location, number, size and depth of decubitus ulcers.</p> <p>3. Calculations of kilocaloric and protein levels as needed.</p> <p>4. Micronutrient need assessment and recommendation.</p> <p>5. Progress notes</p> <p>6. Pertinent Laboratory Data</p> <p>+ Hemoglobin/Hematocrit + Serum Albumin + Total lymphocyte Count</p> <p>7. Fluid Intake</p> <p>+ sufficient to maintain hydration</p>		

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F197-199 (cont'd) F198 Therapeutic diets prescribed by the attending physician	RENAL REVIEW System in place for the correct provision of renal diets. - Individualized menu - Dietary Staff Utilize menu when serving diets. Therapeutic menus are planned in writing, prepared and served as ordered with supervision from the dietician and advice from the physician whenever necessary.	Interview Staff regarding knowledge of renal diets: 1. What foods should be restricted when a patient has kidney problems? 2. What nourishments are given to these patients? 3. Are fluids restricted?	Renal Patient Diet Review - Pertinent Laboratory Data + Serum Sodium + BUN + Serum Potassium + Albumin + Hematocrit + Creatinine	On Renal Diets - Ordered by physician - Written menu nutritionally complete so far as medically possible, including calories - Individualized to suit resident - Pertinent Medications + Vitamin/Mineral + Supplements - Weight gains/losses	Nursing Service 405.1124 (d) Patient Care Plan (f) Supervision of Patient Nutrition

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
C. Preparation F204 SNF 405.1125(e)	Observe: o Feeding assistance is provided or not provided by staff o Length of time residents sit and wait for meal service o Food is served soon after cooking or refrigerated o Trays are free of spillage of foods or liquids o Foods are appropriately covered and kept at a proper temperature 1. Food is prepared by methods that conserve its nutritive value and flavor.	Review: o Plan of Care o Progress notes o Notes from other professional disciplines to determine rehabilitation potential to self feed, use of assistance devices. o Record of food substitution to determine alternate choice provided o Standardized recipes	The facility has kitchen and dietary service areas adequate to meet the food service needs. These areas are properly ventilated, arranged, and equipped for sanitary refrigeration, storage, and preparation of food equipment, and storage areas are clean, well maintained, within proper temperatures ranges, and safe		
F205	2. Meals are palatable, served at proper temperatures. They are cut, ground, chopped, pureed or in a form which meets individual resident needs.		Proper temperatures: (Fahrenheit) Frozen food storage -- 0 or below Cold food storage -- 40-45 degrees Hot food holding equipment -- minimum 140 degrees Dishwasher wash cycle -- 150 - 160 degrees		
F206	o Cooking and service utensils are clean, sanitary and greaseless o Refrigerated foods must be covered o Leftover and pre-cooked foods must be dated and labeled o All cooked food stored above raw meats in refrigerator o Temperature gauge on record to allow air circulation o Shelving to allow air circulation o Food not stored in refrigerator must be stored off the floor (This is applicable to food stored in walk-in refrigerator and freezer.)		Dishwasher rinse cycle -- 160-180 degrees or a color change in thermopaper; or adherence to manufacturers recommendations		
F207	3. If a resident refuses food served, appropriate substitutes of similar nutritive value are offered.				

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F207 (Cont'd) INTEN SNF 495.1125(e)	<ul style="list-style-type: none"> - No rust on shelves - No dripping or spillage on shelves and floors - Degree to which diet modification is communicated with residents - Residents' tolerance and capability for meal satisfaction - Observe appearance of food color, texture, aroma, and flavor - Less than 75% of meal is consumed - Type of substitutions provided 		<ul style="list-style-type: none"> - Progress notes - Diet card - Day's menu substitute record 	<p>Dietary personnel are clean and free of infectious disease. They practice acceptable techniques and procedures to keep foods at proper temperatures and protected against contamination.</p> <p>Is dietary information pertinent to dietary modification?</p> <p>Has resident been assessed for eating program to maintain independence?</p>	
					The food substitute is of similar nutritive value as the refused item (e.g., milk refused, alternate of calcium rich food should be provided).

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
D. Frequency F20B SNF 405, 1124(d) ICF 442, 331(a)	<ul style="list-style-type: none"> o Menus as under A on page 63 o Who serves nourishments o Nourishment list and schedule <p>F209</p>	<p>Interview various residents about the nourishment service:</p> <ul style="list-style-type: none"> o Are nourishments offered routinely? o At what time are they offered? o By whom? o What kind of nourishments are offered? <p>F210</p> <p>1. At least three meals are served daily at regular hours with not more than a 14-hour span between a substantial evening meal and breakfast.</p>	<p>Review</p> <ul style="list-style-type: none"> o Menu as under A o Nourishment list 	<p>Three meals or their equivalent are served daily with not more than a 14-hour span between the evening meal and breakfast.</p> <p>The nourishment service is more difficult to evaluate: must find evidence that patients are offered nourishments on a planned basis and documented.</p>	

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
E. Staffing F212 SNF 405.1125 (a)	<ul style="list-style-type: none"> - Food service personnel are on duty for all defined dietary responsibilities: - Supervision - Food Preparation - Dishwashing - Cleaning - Duty Schedules 	<ul style="list-style-type: none"> - Interview personnel to verify that they are aware of their responsibilities and job descriptions. 		<ul style="list-style-type: none"> - From an assessment of the total dietetic service operation: + The dietetic supervisor is capable of the overall management and supervision of the dietetic service. + There are dietetic personnel on duty over a 12-hour period who demonstrateability to perform tasks adequately. + Dietetic personnel receive appropriate orientation and training consistent with their duties and responsibilities. There is evidence that the dietetic staff are knowledgeable about food service policies and procedures and apply these accepted professionals practices in their daily work. + Services provided are consistent with the size, scope and facilities available. 	
F213	<ul style="list-style-type: none"> 1. Food service personnel are on duty daily over a period of 12 or more hours. 				
				<p><u>Intent.</u></p> <p>Persons are providing services commensurate with their level of training; and at the level of sophistication needed by the residents.</p>	

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SPECIALIZED REHABILITATIVE SERVICES F214 SNF 405, 1126 F215, 1126(b) SNF 405, 1126(b)	OBSERVE RESIDENTS As per "Restorative Nursing Activities of Daily Living" SMF 405, 1124(e)(2)(b) ALSO: OBSERVE RESIDENTS IN THERAPY AREAS: - Is privacy provided during treatment, as applicable (e.g., cubicle curtains, room dividers, one to one areas)? - Is there appropriate, courteous resident, staff interaction? - Are therapy areas appropriate to treatment given (e.g., small, quiet area for speech/language/hearing test and sessions, large for P.T., exercise and therapy groups, O.T., perceptual testing/splinting, A.D.L. adaptations area, as applicable)? - Is equipment clean and in good working condition? Is it operating as per manufacturer instructions (e.g., hydrocollator temp., paraffin, whirlpool, etc.)?	ASK RESIDENT: (or ask staff, if resident has severe communication problem): - Are you receiving any kind of therapy? P.T., O.P.? Speech? - What kinds of therapist(s) are working with you on your swallowing problem? - What kinds of therapists have instructed you on how to improve your swallowing? - How do the methods to improve swallowing help you? - How often do you see the therapist? - What happens if the therapist is absent for scheduled treatments? - Where do you receive your therapy? - How long have you been receiving therapy? - Do other staff members assist with therapy? Who and in what way? - Are you in a comfortable environment (from temperature, privacy, etc.)? - Do you have input into developing or revising your therapy treatments? - What things did you do immediately before entering this facility, that you are unable to do now? ASK THERAPY STAFF: - How many days/hours per week do you provide therapy? - Do you participate in the development of the resident's overall plan of care? In what way? - Do you utilize P.T.	REVIEW: - Plan of care - Doctors orders - Nursing assessment and progress notes - Aide assignment sheets - Therapy assessments/evaluations (includes a minimum of): + name, age, date, diagnosis + referring physician and reason for referral + history, precautions, limitations + objective documentation (e.g., tests, measurements) + rehabilitation potential - Treatment plan (includes a minimum of): + specific rehabilitation needs and objectives + treatment to meet specific measurable rehabilitative goals + Type, amount, frequency, duration, modalities + name of therapist(s) who will provide treatment + restorative nursing follow-thru (recommendations for plan of care)	Nursing Services 405, 1124 442, 338 442, 319 442, 341 Physician Services 405, 1123 442, 346 Medical Records 405, 1132 442, 318 Activities Program 405, 1131 442, 345 Resident Rights 405, 1121(k) 442, 311 Training 405, 1121(h) 442, 311 Infection Control 405, 1135 442, 315 442, 327 442, 328	
A. PLAN OF CARE IC142, 343(e)(1)(2) F217, 343 Rehabilitative services are provided under a written plan of care, initiated by the attending physician and developed in consultation with appropriate therapist(s) and the nursing service.					
B. THERAPY F218 IC142, 343(a)(c)(d)					

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F218 (cont'd) professional practices by qualified therapists or qualified assistants.	- Are assistive devices being provided as needed? - Do assistive devices fit well, function properly and are used properly (e.g., wheelchairs, crutches, braces, glasses, hearing aids, canes, artificial limbs, assistive eating devices)? - Is staff responsive to resident expressions of discomfort?	"aides" In what way (if interviewing the registered physical therapist)? - How do you assure carry-over of therapeutics in your absence? - How often do you provide inservice to staff? - What topics are covered? - Do you have opportunities to attend inservices? - How do you communicate patient progress/regression, etc. with physician, nursing personnel, family, other disciplines?	+ identifies modalities that will be delegated to non-skilled staff - Progress notes indicate that plan of rehabilitation care has been evaluated by the physician and therapist as necessary but at least every 30 days. - Communication with physician: + 2 week progress after initiation + monthly progress + discharge summary		Physical Environment 405.1134 442.324 442.325 442.326 442.328 442.329 442.330
C. PROGRESS ICF 442.343(f)	- How are the prescribed treatments and training meeting the needs of the resident? - Are parallel bars sturdy and well secured to floor? Are systems designed for weight lifting sturdy and well secured; if attached to wall with rigging and hand grips in good condition? - Are nonverbal residents provided with means of communication (e.g., writing tablets and utensils, picture cards)? - Are visually impaired residents provided with	- How many residents currently are receiving p.t., o.t., speech-language pathology and audiology therapy (SLPAT)? - Do you utilize the services of a certified occupational/therapy assistant (if interviewing the registered occupational therapist)? - Is space available for the conducton of your therapy? - Is equipment readily available to meet resident needs? - Is there a coordinated interdisciplinary	+ Treatment documentation: + frequency summary	Dietetic Services 405.1125(e) 442.329 442.331(c)	
F219 1. A report of the resident's progress is communicated to the attending physician within 2 weeks of the initiation of specialized rehabilitative services.					
EXCEPTION: ICF resident's progress must be reviewed regularly.					

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
	<p>magnifiers and large print books?</p> <p>- Is equipment such as whirlpool cleaned between patients?</p> <p>F220</p> <p>2. The resident's progress is thereafter reviewed regularly and the plan of rehabilitative care is re-evaluated as necessary. But at least every 30 days by the physician and therapist.</p>	<p>approach toward rehabilitation of the geriatric resident evident in your facility? In what way do you see this?</p>			<p>EXCEPTION If resident's plan must be revised as necessary NOTE: Therapy services are provided that will assist the resident to attain his/her optimal level of function.</p>

LONG TERM CARE SURVEY					
SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Pharmaceutical Services F221 SNF 405.1127	- Observe residents for excess sedation or adverse effects: + drooling + shuffling gait + involuntary movements of limbs, tongue, facial muscles + loss of affect + droiness + postural abnormalities + pill rolling movement	Ask Resident: - Are you aware of the medications you are taking? - How do you feel the medication helps you? - How do medications bother you? (e.g., make you feel nauseated or dizzy) - Have you told anyone about this?	Review medical record: - to see if pharmacist or nurse has reviewed a drug regimen on a monthly basis. - Has your physician discussed the medications you are taking, with you? - How many medications are you taking? - How do you feel the medication helps you? - How do medications bother you? (e.g., make you feel nauseated or dizzy)	Reviews were performed in the facility. There was evidence of a review performed on a very resident whose record was reviewed in depth. In records reviewed, the average prescription utilization was not substantially over 6. If it is, review for appropriateness. Apparent irregularities were identified and reported. * Refer to SOR Appendix N in 174 for further information on drug regimen review.	Physicians Services 405.1123(b) 442.346 Nursing Services 405.1124 442.338
A. Supervision F222 F223 ICF 442.336(a)(b)	- Observe for depression agitation	Ask Staff: - How often does the pharmacist review the drug regimen of each resident at least monthly & reports any irregularities to the medical director and administrator.	Review nurses notes, progress notes, care plan, etc. for any adverse reaction to medication and indication that corrective action was taken, screen the drug therapy of the residents included in the sample using the indicators (forms of prepared) outlined in 50M Appendix N Transmittal #174. - review pharmacists drug regimen monthly reports to determine if pharmacist has commented on potential irregularities, screened out through this process (need full year).		
F224 SNF 405.1127(a)	The pharmacist reviews the drug regimen of each resident at least monthly & reports any irregularities to the medical director and administrator.				

A registered nurse may be utilized to perform this monthly review for ICF residents. Also the attending or staff physician must review medication quarterly.

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F224 (cont'd)		- Where does the pharmacist perform his drug regimen review?			
B. Labeling of drugs and biologicals F225 SNF 405, 1127(c) F226 ICF 442.333 F227	Observe labels of medications for residents observed on drug pass tour for: - name of drug - strength of drug - quantity of drug - expiration date - presence of a control number The labeling of drugs and biologicals is based on currently accepted professional principles and includes the appropriate accessory and cautionary instructions as well as an expiration date when applicable.				

INTENT
To assure that residents receive medications as ordered and that they are monitored for possible side effects.

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Laboratory and Radiological Services F228 SNF 405.1128	Observe symptoms of targeted residents, e.g., drainage, odors, jaundice, fevers, edema, etc.	Ask Nursing/Rehabilitative Staff: - What do you do when you think a resident needs laboratory work done - blood work, cultures, etc.? - How long does it take to get lab results back? - What do you do with the results when they do come of the back? - Do you have any problems with your laboratory services? - How are lab specimens stored? - Do you have any instruction from the lab regarding collection and storage of specimens?	Review the physician's order sheet to see if: - orders for lab services are signed - that there are orders for tests that have been done. Nursing progress notes are reviewed for documentation of physician notification of lab results. Physician progress notes or other documentation indicating that the physician is aware of lab results.	There must be signed physician orders for all lab/ radiology services performed. Record results of all testing in the medical record.	Nursing Services 405.1124(a)(b)(c) 442.343 Physician Services 405.1123(b)
F229 SNF 405.1128 (a) A. Provision of Services F230	1. All services are provided only on the orders of a physician. 2. The attending physician is notified promptly of findings.	F231	When lab tests are performed the resident should be informed of significant findings and the possible therapeutic alternatives.	There are lab reports on the medical record for all tests ordered (except if just performed).	

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F22	3. Signed and dated reports of a clinical laboratory, x-ray and other diagnostic services are filled with the patient's medical record.				

INTENT
To assure that lab tests are performed as ordered and findings are reported to physicians. Physicians are made aware of symptoms that may require lab tests.

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE	
Social Services F233 SNF 405.1130	Observe resident for: - level of alertness - behavior exhibited during interview; confused, uncooperative, disruptive, aggressive, anxious, withdrawn, isolated, lonely). - personal appearance - apparent disabilities - apparent vision and/or hearing problems they exhibit as you talk to them - interaction to staff, other residents, family, visitors - participation in group activities - independence in activities, decision making	- How long have you been in the facility? - Can you explain to me why you are here? - Have you had any problem adjusting to the facility i.e., loss of independence? - Have you had any other problems? - Has staff been helpful, e.g., financial? - Do you have any family or any other visitors? - Do they have any problems with which this facility has not been helpful? - If exhibiting disruptive, depressed, agitated, anxious, etc. behavior. - noticed that you are upset (quiet, nervous, unbalanced) today. Can you tell me what has bothered you?	Review medical records of residents selected for interview to determine that: - Assessment and plan of care identifies residents medically related social and emotional needs - Residents' family and home situation, information related to medical and nursing requirements, and community resources, are considered in making decisions regarding the residents care.	The residents social and emotional needs are identified. The plan of care addresses those needs. The plan of care is being followed, reviewed and revised as necessary. The family's needs and concerns are addressed if applicable. There is referral to appropriate agencies if necessary. Sufficient space is provided for private meetings and discussions.	Nursing Services SNF 405.1124 ICF 442.338	
F234 SNF 405.1130(a)					Activities SNF 405.1131 ICF 442.345(a)(c) (d)	
F235 ICF 442.344(d)					Physicians Services SNF 405.1123(b) ICF 442.346	
A. Plan F236	The medically related social and emotional needs of the residents are identified.				Patient Care Management SNF 1124(d) ICF 442.346	
B. Provision of Services					Physical Environment SNF 405.1130(b) ICF 442.344(c)	
F237	1. Services are provided to meet the social and emotional needs by the facility or by referral to an appropriate social agency.				While it is not a program requirement social worker or other staff may contribute to the resident's care plans by indicating personal strengths that can be used to build upon. - Does staff respond to your suggestions about your own care? - Did you participate in planning what care you will get and who will give it to you? - Do you make use of the dining, activity, community room, and/or outdoor area? - Therapeutic staff intervention: constructive reaction to resident's behavior - resident's participation on policy making bodies and committees of facility, e.g., resident council(s).	Social service notes address the following, if applicable: + losses due to aging + relationship with staff and other residents + mental status + behavior problems + adjustment to the facility + illness

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F233-238 (cont'd)		<ul style="list-style-type: none"> - Can you tell me about your life here? What do you do in a usual day? - Are things like getting up, bathing, dressing, eating, done at the same time for everyone? - If you could change something about living here, what would you change? <p>Ask Social Worker/Nurse -When the social worker is readily available, delete "ask the nurse". -How often is the resident seen by a social worker?»</p>	<ul style="list-style-type: none"> - Plan of care, social service notes, reflect the current status of the resident. - There is evidence that the residents mental status has been considered when plan of care was developed. - Vision and hearing problems have been addressed. - Plan of care addresses residents needs as observed by the surveyor and stated by the resident. - Notes and plan indicate that needs have been re-evaluated and care plan changed as necessary. - There is evidence that the problems and needs of the family have been addressed. - There are indications that a referral has been made to the appropriate agency and a statement describing why. - There is documentation from the outside agency indicating what actions were taken and any plan for follow-up. 		
F238 2. If financial assistance is indicated, arrangements are made promptly for referral to an appropriate agency.		<ul style="list-style-type: none"> + social and emotional needs + family and home situation + problems and needs + financial needs <p>- How are needs identified and reported?</p> <p>- Does resident participate in the development of his/her care plan?</p> <p>- Ask nursing how often the social worker sees resident.</p> <p>- Does the social worker discuss residents needs/problems with nursing staff if there is a need for nursing to be involved?</p>			

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F233-238 (cont'd)		<ul style="list-style-type: none"> - How is physician notified and involved in plan of care? - Ask social service staff their role, function, and what services they provide. - Ask staff what referral services are available. - If services are being provided by outside resource, are resources documented work service? - Ask social service staff about their background and education. - If there is a consultant ask staff: + How often does the person come? + How long do they stay? + What does the person do while in the facility? + What assistance, consultation is being provided? + Ask social service staff if adequate space is provided for them by the facility to conduct private interviews and meetings. 	<ul style="list-style-type: none"> - The time period between date of referral and date of services is reasonable and if not, there is evidence of follow-thru by staff. - The outside agency has documented their involvement and activities. - Plan of care demonstrates awareness of behavior, articulates the reasons for it, and indicates in the plan of care an approach to the behavior. - Assessment should contain: <ul style="list-style-type: none"> + a flexible approach to each resident (should be individualized). + awareness of a mental status evaluation. - resident history. + family availability for planning, resident support, etc. + identification of problems resulting from placement. + recent social adjustment. + discharge planning. 	<ul style="list-style-type: none"> - There is documentation of collaboration between nursing and social work for meeting emotional needs. 	Patient Care Management 405, 1124(d)

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F233-238 (cont'd)					
Activities					
F239 SNF 405.1131	General level of activities throughout the facility, as well as in specifically designated areas.	- How does he/she spend the day? - Of the activities resident has during the week, what does he/she enjoy most/least? - If he has none, why? - Has staff asked about his/her interests? Suggested specific Suggested specific people to get acquainted with in response to interests? - What organized activities has he/she participated in this past week? - How does resident find out about upcoming programs or happenings?	Activities Assessment Interests of the resident (past and present) are identified as to resident's current capabilities and necessary adaptations to pursue their interests.	Are each resident's personal interests known? If not, what actions are being taken to identify them? Residents in facility 60 days should be without some identified interests.	Nursing Services 405.1134 442.319
F240 SNF 405.1131(h)	How many residents are lying on their beds or sitting in chairs staring at the walls during waking hours?		Documentation that information about social history, medical problems and limitations impacting residents' activities have been communicated to activities personnel and used in assessment and development of activities portion of care plan.	Specialized Rehabilitation Services 405.1136 442.363	
F241 ICF 442.345	What is the level of residents' interest in activities they are doing?			Ehysical Services 405.1123 442.329	
F242	1. An ongoing program of meaningful activities is provided based on identified needs and	Are residents positioned correctly for activity?	Needs and contraindications of residents in the facility more than 30 days should be known and/or have a plan of action.		

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS
F242-(cont'd)	Are needed personal interests of each resident? It is designed to promote opportunities for engaging in normal pursuits, including religious activities of their choice, if any.	<ul style="list-style-type: none"> - Does resident get out of facility to activities? - Does resident have problems getting to activities? If so, does the staff assist? - Does the staff encourage residents to go to activities? - Does resident participate in Resident Council? - Does resident have free choice of activities? - What kind of activities do bedfast residents engage in? - Ask Resident: "How have you ever had difficulty in having private visits? Give examples." 	<ul style="list-style-type: none"> - Needs of the resident in the following areas are identified: <ul style="list-style-type: none"> + social interaction + creative expression + work and service opportunities + intellectual stimulation or activities adaptation + physical exercise + spiritual or religious expression - Plan of care - Used all available information about: interests + needs + indications and contraindications for assessments + physician orders and progress notes 	<p>Does each resident's activities promote his physical, social and mental well-being?</p> <p>Physical Environment 405.1134 442.329</p> <p>Infection Control 405.1135 442.328</p> <p>Resident Rights 405.1121(k) 405.311</p> <p>Medical Records 405.1132 405.318</p> <p>Patient Care Management 405.1124(d) 442.341</p>
F243	2. Unless conducted by the attending physician, all residents are encouraged to participate in activities.			
F244	3. The activities promote the physical, social and mental well-being of the residents.			

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F245 4. Equipment is maintained in good working order.	Is lighting adequate throughout the facility for activities in which residents are engaged? Do men and women have activities of interest to them?	Ask Nursing/Activity Staff: - Do they know the interests of residents under their care? TV programs they like? Activities they want to participate in today this week?	Activities notes spell out implementation of plan, resident's reactions to specific activities, approaches, and people.	Are equipment and supplies to meet residents' interests available and maintained in good working order?	
F246 5. Supplies and equipment for activities of interest are available.	Do residents communicate with each other in activities? INTERVIEW	Residents' participation in individual and group self-started and organized structured and unstructured activities.	Residents' participation in individual and group self-started and organized structured and unstructured activities.	Are residents evaluated periodically with emphasis on participation levels and desire for new activities?	
	Are methods of communicating upcoming activities appropriate to the resident populations?	Do they know the personal equipment needed (e.g., glasses, hearing aids, reader)? Do they know the adaptive equipment used by residents for specific activities (e.g., talking books, built up tools)?	Evaluation of used by residents for specific activities (e.g., talking books, built up tools)?	Are plans readjusted if they do not reach desired outcomes?	
	Specific observation for physically impaired/alert residents. Activities adapted to meet specific needs of the resident.	Do they talk to residents to identify new interests and report these and dislikes to these and dislikes to activities personnel?	Evaluation of plan of care for: changes in interests; changes in precautions, changes in needs, new problems, approaches, etc.	Residents in the facility more than 60 days should have at least two activities per week of interest to them personally.	
	Alert residents have activities of interest and at their cognitive functional level.	How? What is staff's involvement with individual and group activities of residents in their care?	Plans are revised as needed.		
	Specific observations for confused/disoriented, emotionally disturbed and mentally retarded residents. There are current calendars, clocks and patients	- How do they determine interests of residents who have difficulty communicating? - What activities does resident participate in regularly? Which activities does he/she enjoy most/least?			

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F246 (cont'd)	<p>and patients names or symbols visible to all the residents.</p> <p>Staff consistently use techniques such as reality orientation, empathy, and/or validation therapy as per each individual's needs.</p> <p>Resident has familiar items if available in room (e.g., family pictures, artwork, afghan, chair from home).</p> <p>Residents in restraints have activities or interest geared to their abilities when restrained (e.g., table-top activity, music, radio, reading and writing material; when out of restraints (e.g., walks, exercise, group, toileting).</p> <p>Small group and one-on-one involvement with staff reinforcing appropriate responses.</p> <p>Staff reaction to resident behavior during activities (e.g., crying, whining, demanding, non-verbal, aggression,</p>	<ul style="list-style-type: none"> - If he/she does not participate, why? - Which activities appear to relax/calm the resident? Excite him/her? - How does staff manage maladaptive behaviors (e.g., abusive, disruptive, combative)? - Is direct care staff involved in resident activities? How? When (weekends, evenings)? - Does resident have one-to-one assistance in activities? - How many residents have few activities a day of interest to them as individuals? - Why do these residents have so little interest? - What is your plan to find more activities of interest to them that will meet their needs? - What types of residents seem not to be interested in activities? - How many (who) residents have only passive activities? 			

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F 246 (cont'd.)	<p>Loudness. Specific observation for confused/disoriented and emotionally disturbed residents:</p> <ul style="list-style-type: none"> - Appropriate items for sensory enrichment in room (e.g., TV, radio, adequate lighting) - Resident placed in supportive living environment (e.g., around people, in hall), activities room, sunshine, fresh air), when appropriate to the resident needs and consistent with the resident's choice. <p>Specific observation of environment for conducting activity program:</p> <ul style="list-style-type: none"> - Adequate lighting. - Functional area is appropriate for activities of interest (e.g., religious services, arts and crafts, cooking, reading, TV watching, card playing, parties, discussion groups, gardening). 	<ul style="list-style-type: none"> - How do you adapt activities for needs of residents who are: <ul style="list-style-type: none"> - confused/disoriented - emotionally disturbed - mentally retarded - physically impaired but alert - terminally ill? - Are community volunteers utilized in the activities program? In what way? - Are the residents encouraged to offer suggestions for new activities? If so, what activities have been instituted as a result? 	<p>Resident may refuse to participate in activities. However if the activities are part of a diagnostic or therapeutic program, the resident is responsible for assisting in the selection of mutually acceptable alternative activities.</p>		

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F246 (cont'd)	<ul style="list-style-type: none"> - Multi-purpose room use and timing of activities does not conflict. - Outdoor activity area. - Functional furniture, indoors and outdoors. - Evidence of free choice activities: - newspapers - magazines - record player - radios - games - Iv's - reading - sewing - personal visits - church services - Activities equipment and supplies are appropriate and sufficient to meet interest of residents. - Activities equipment and supplies sufficient for conducting activities. - Activities equipment clean, safe, and in working order. - Residents rooms contain independent project materials, as appropriate. - Residents have access to the total activity environment (e.g., lobby, sunroom, dayroom, porch, dining room). 				

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MEDICAL RECORDS F247 SNF 405 .1132				All information required is present in the record. Does the record document all observable resident needs/problems?	
Content F248 SNF 405 .1132(c)					
F249 ICF 442 .318(a)(c)					
F250 1. The medical record contains sufficient information to identify the resident clearly to justify diagnoses and treatment and to document results accurately.					
F251 2. The medical record contains the following information.					

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F251 (cont'd)					
a. Identification information.					
F252	b. Admission data including past medical social history.				
F253	c. Transfer form, discharge summary from any transferring facility.				
F254	d. Report of resident's attending physician.				
F255	e. Report of physical examinations.				

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F256 f. Reports of physicians' periodic evaluations and progress notes.					
F257 g. Diagnostic reports and therapeutic orders.					
F258 h. Reports of treatments.					
F259 i. Medications administered.					
F260 j. An overall plan of care setting forth goals to be accomplished through each service's designed activities, therapies and treatments.					

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F261	i. Assessments and goals of each service's plan of care.				
F262	1. Treatments and services rendered.				
F263	m. Progress notes.				
F264	n. All symptoms and other indications of illness or injury including date, time and action taken regarding each problem.				

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F264 (cont'd) INTENT Brings together all resident information. Reflects the care being given to the residents and helps all care givers to make decisions on care needed.				All pertinent resident information must be documented on the medical record at the time of transfer. Ask Staff: - What is the routine information you provide to a new facility when you transfer a resident? - Who provides this?	Patient Rights 404.1121(k) 442.311
TRANSFER AGREEMENT F265 SNF 405.1133				Look at physician and nursing progress notes of above residents to determine if the timeliness of transfer was consistent with accepted standards of care.	The resident was not injured in any way by a delay in the transfer process.
F266 SNF 405.1133(a)					
F267 ICF 442.316					
F268 A. Whenever the physician determines that a transfer is medically appropriate between a					

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F 268 (cont'd)	Is transfer form complete with all data, with appropriate signatures?				
	Does the medical record indicate that adequate and pertinent aspects of the discharge planning portion of the patient care plan accompany the patient on transfer?				

F269	B. Information necessary for providing care and treatment to transferred individuals is provided.	PHYSICAL ENVIRONMENT
		F270 SNF 405.1134

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F271 Nursing Unit SNF 405.1134(d)	There is adequate light to prepare medications.	Ask Nursing Staff:		Medication preparation and storage areas provide adequate space and light to prepare medication and to store medication and needed supplies.	Nursing Service 405.1124(g) 442.337
F272 1. Unit properly equipped for preparation and storage of drugs and biologicals.	There is sufficient space to prepare medications for administration in a safe and effective manner.	<ul style="list-style-type: none"> - What do you use the medication room (area) for? - Where is the handwashing sink? - Do you have enough convenient storage area for I.V. fluids and medications needing refrigeration? - Where are the keys for the medication room and unit dose carts? - Do you feel you have adequate storage space for supplies and equipment? 		<ul style="list-style-type: none"> - Where is the handwashing sink? - Do you have enough convenient storage area for I.V. fluids and medications needing refrigeration? - Where are the keys for the medication room and unit dose carts? - Do you feel you have adequate storage space for supplies and equipment? 	Infection Control 405.1135 Governing Body 442.335
F273 2. Utility and storage rooms are adequate size.	There is sufficient space for storage of medications.	<ul style="list-style-type: none"> - Unit dose carts are protected from tampering and theft. 		<ul style="list-style-type: none"> - Do You feel you have adequate storage space for supplies and equipment? 	Resident Rooms 405.1134(e), 442.335
F274 3. The unit is equipped to register resident calls with a functioning communications system	Medications are stored in a locked area. Refrigeration facilities are available for medications.	<ul style="list-style-type: none"> - Medications are stored in a locked area. - If no, what problems does that cause? - Does the resident call system function properly? 		<ul style="list-style-type: none"> - Medications are stored in a locked area. - If no, what problems does that cause? - Does the resident call system function properly? 	Storage space must be available for bulky items and supplies so that they can be stored without blocking corridors and exits.
796	There is sufficient storage space for I.V. fluids.	<ul style="list-style-type: none"> - Handwashing facilities are readily accessible either in the medication preparation area or adjacent to it. 		<ul style="list-style-type: none"> - Do the call bells in your room and in the toilets and bathing areas always work? 	Medications are protected from unauthorized use. Call bells must be in working order and must be present in all resident bedrooms, toilets and

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F224 (cont'd)	Audible call system is on and working; long cords are available for chair bound patients.	- If no: - How often is it that they do not work? - How long does it take to get them fixed?		bathing areas. Audible signals, if in the system, must be in working order and turned on.	Dietetic Services 405.1125 442.331 Patient Activities 405.1131 442.345
B. Dining and activities area	Area is clean and well maintained.	Ask Residents: - Is there enough room between tables to allow for safe passage of wheelchairs and residents with walkers, canes and other assistive devices.		Regulations clearly set out conditions for compliance. Refer to the regulations.	
F225 SNF 405.1134(g) F226 ICF 442.329	There is sufficient space between tables to allow for safe passage of wheelchairs and residents with walkers, canes and other assistive devices.				
F227	1. The facility provides one or more clean, orderly, and appropriately furnished rooms of adequate size, designed for resident dining and resident activities.	Table height or design allows residents in wheelchairs to sit a normal distance from the table. Lighting and ventilation in the dining/activity areas is provided according to recommended standards.			
		A multi-purpose room should not be used for storage of items such as beds, mattresses, boxes, etc.			

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS
				CROSS REFERENCE
F278 2.	Dining and activity rooms are well lighted and ventilated. Are dining areas utilized at meal service?			
F279 3.	Any multi-purpose room used for dining and resident activities has sufficient space to accommodate all activities and prevent their interference with each other.			
F280 SNF	405.1134(e) Indicators C60 apply to SNFs			

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
C. Resident Rooms F281 ICF 442.325	Observe rooms and furnishings for maintenance, cleanliness and safety.	Ask Residents: - Is your room kept clean? Who cleans it? When, and how often? - Is your bed, chair, and other furniture and fixtures kept in good repair? - Do you feel you have enough privacy? - What personal belongings are you allowed to have? - Is the lighting in your room sufficient for you? - Is your chair comfortable?	Look for dust/dirt on lights, high surfaces, under heating units, and in corners. Use a flashlight.	Refer to the regulations.	Resident Rights 405.112(k)(1)(5) (9)(13) 442.311(a)(d)(2) (9)(1)(2) (6)(k)
F282	1. Single rooms have at least 100 sq. ft.	Are beds, lights, plumbing all in working order?	Observe for all regulatory requirements as noted to the left.	- When do you permit staff to clean your room? - When do you ask staff not to clean your room?	Physical Environment 405.113(d)(e) 442.326
F283	2. Multiple resident rooms have no more than 4 residents and at least 80 square feet per resident.	Are privacy curtains present, and appropriate to maintain resident privacy?	Test several call lights.		
F284	3. Each room is equipped with or conveniently located near toilet and bathing facilities.	Are call lights within reach, including emergency lights in toilets and bathing areas? Are toilet and bathing facilities appropriate in number, size, and design to meet resident needs?	What personal belongings do residents have in their rooms? Is there		

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F285	4. There is a capability of maintaining privacy in each.	Sufficient storage and security for their belongings?			
F286	5. There is adequate storage space for each resident.				
F287	6. There is a comfortable and functioning bed and chair, plus a functional cabinet and light.				

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F288	7. The resident call system functions in resident rooms.				
F289	8. Each room is designed and equipped for adequate nursing care and the comfort and privacy of residents.				
F290	9. Each room is at or above grade level.				
F291	10. Each room has direct access to a corridor and outside exposure.				
	<u>Exception:</u> Not required for ICF residents.				

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
0. Toilet and bath facilities F292 ICF 402-326 F293	Are there adequate numbers of toilets, baths, and showers for the residents that are accessible to, and functional for all residents? 1. Facilities are clean, sanitary and free of odors.	Ask Residents: - When was your last bath? The one before? - What safety precautions are used for getting in and out of the bathtub? - What equipment is needed to get in and out of the tub, and how do you feel about it? - How do you get your wheelchair into the toilet or bathroom? Check for water on floors of bath and shower rooms.	Bathing schedule for patients in your indepth review.	Privacy is maintained for residents in toilet and bathing areas.	
F294	Is privacy provided? 2. Facilities have safe and comfortable hot water temperatures.	Are facilities clean, sanitary and free of unpleasant odors?	- When, if ever, do you refuse to be bathed?	Soap, toilet paper and towels are available in the bathrooms.	
F295	3. Facilities maintain privacy.	Are bathrooms equipped with soap, toilet tissue, towels, etc.? Hot water is between 110-120 degrees or the acceptable State level. Hot water temperature control must be maintained. Single use, disposable towels should be available for handwashing purposes.	Ventilation and lighting systems are correctly functioning.	Grab bars are present and securely fastened to the wall.	
F296	4. Facilities have grab bars and other safe guards against slipping.	Note also condition of grab bars, plumbing and fixtures. Bath areas are not used for storage.	Plumbing and other fixtures are in good condition.		

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F297 5. Facilities have fixtures in good condition.					
F298 6. The resident call system functions in toilet and bath facilities.				Facility has appropriate arrangements for providing social services, either using: - outside resources (contract or consultant services) - qualified facility personnel under a clearly defined plan.	
E. Social Service Area	Does the social worker have a locked file available?	Ask Resident: - Does the social worker see you in a private room or in your own room? - If in your own room, do you feel that you have enough privacy?			Refer to regulations.
F299 SNF 405.1130(b) ICF 442.344	Where are social service interviews and clerical functions performed?			Are rooms in areas easily accessible to residents?	
F300	1. Ensures privacy for social service interviewing.				
F301	2. Adequate space for clerical and interviewing functions is provided.				
F302	3. facilities are easily accessible to residents and staff.				

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F. Therapy areas F303 SNF 405.1126(a) ICF 442.328(a)	Therapy areas are accessible to all residents needing the facilities.	Ask Resident: - Do you feel that the equipment you use is safe? - Do you have enough room for your treatment?	Refer to regulations.		
F304 ICF 442.328(a)	Space allows for safe maneuvering of residents and equipment and staff.	Ask Therapy Staff: - Is your equipment adequately maintained? - Do you have enough room to safely and adequately provide treatment?			
F305 1. Space is adequate for proper use of equipment by all residents receiving treatment	All residents are able to be observed and supervised during therapy.	Equipment has labels (stickers, etc.) to indicate proper maintenance.			
	All equipment fastened to floor and walls is secure.				
G. Facilities for special care F307 SNF 405.1134(f) ICF 442.328(b)	Are therapy areas properly ventilated to effectively reduce heat, moisture and odors?	Ask Supervisory personnel: - What room(s) do you use for isolation? - What is your procedure if the room is already occupied when you need it for isolation?	Rooms meeting the regulatory requirements are available in the facility.	Resident Rights 405.1121(k)(4) 442.311(c)(2)	Resident Rights 405.1121(k)(4) 442.311(c)(2)
	Are private rooms available that meet regulatory criteria.	- Will you show me the signs you use to identify the isolation room?	There is a procedure that is implemented when an isolation is needed, but it is already occupied.	Infestation Control 405.1135(b)	Infestation Control 405.1135(b)
	If a resident is infected and in isolation, are precautionary signs posted, and are they legible and understandable?	- Will you show me the signs you use to identify the isolation room?	Isolation signs are visible and clearly convey their intended message.		

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F309	1. Single rooms with private toilet and handwashing facilities are available for isolating residents.				
F310	2. Precautionary signs are used to identify these rooms when in use.				

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS
4. Common Resident Areas	Use senses - sight, hearing, olfactory when surveying common areas as lobbies, hallways, common areas, etc.	Ask Residents: - Do you think that the lobbies and hallways are usually clean? - Do they have any unpleasant odors? - Levels of lighting comfortable for both reading and non-reading areas. Is it bright enough but without glare? - Are areas clean and without offensive odors? Do background sound levels allow for ease of communication and comfort for residents/staff?	- Do residents seem comfortable with the room temperature - note use of several layers of clothing, many residents fanning themselves, etc. - Are handrails on each side of the corridor and are they secure? Are smoking/no smoking areas designated?	- Floors and furniture should appear clean - free of gross contamination. - Residents should have lighting bright enough to safely negotiate corridors, lobbies, etc., etc., in reading areas, be bright enough to read. But the brightness should be free of glare. Remember, the elderly need a higher level of lighting as their sight diminishes. - Except for times when a louder level of sound is necessary for communication, sounds should be unobtrusive and "comfortable". - Room temperature comfort levels vary widely, and in general the elderly will require a higher temperature for comfort than younger people. Use information from resident interviews and your observations to determine if the temperature is "comfortable" for most residents. - All corridors in
5.13 1. All common resident areas are clean, sanitary and free of odors.				Ask Supervisory Staff: - If there is a water main break or other interruption in the water supply, how do you obtain water for essential areas and duties?
5.14 2. Provision is made for adequate and comfortable lighting levels in all areas.				
5.15 3. There is limitation of sounds at comfort levels.				

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F316	4. A comfortable room temperature is maintained.			resident-used areas are equipped with handrails on each side. These rails securely fastened provide the residents with a firm support. - Supervisory staff are able to tell you how they will obtain water for drinking, cleaning/bathing of residents, and other essential functions if their normal water supply is interrupted.	
F317	5. There is adequate ventilation thru windows or mechanical measures or a combination of both.				
F318	6. Corridors are equipped with firmly secured handrails on each side.				
F319	7. Staff are aware of procedures to ensure water to all essential areas in the event of loss of normal supply.				Disaster Preparedness 405.1136 442.313

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
I. Maintenance of Building and Equipment SNF 405.1134(i)	<ul style="list-style-type: none"> - Ceiling and floor tile in good condition - Paint in good repair - No holes in walls - Look for rat and other rodent trails outside and inside - Preventive maintenance program for all equipment is followed - Wheelchairs not stored in hallways, bathrooms, etc. - Window screens are in good repair - Check overbed tables, wheelchairs, etc., for cleanliness and operation 	<p>Ask Staff:</p> <ul style="list-style-type: none"> - How many housekeeping staff are available? - How late are housekeepers on duty during the week? - How is weekend coverage different? <p>Ask Resident:</p> <ul style="list-style-type: none"> - What if any problems have you had with special equipment you need to use? 			Physical Environment 405.1134(d)
F321	1. The interior and exterior of the building are clean and orderly.				
F322	2. All essential mechanical and electrical equipment is maintained in safe operating condition.				
F323	3. Sufficient storage space is available and used for equipment to ensure that the facility is orderly and safe.				

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS
				CROSS REFERENCE
F324	Resident care equipment is clean and maintained in safe operating condition.			

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Indicator J applies to ICFs. J. Dietetic Service Area F326 SNF 405.1134(h)	Observe for - needed space to carry out routine operations - maintenance of working surfaces, equipment, utensils, and serving dishes - operable dish washer machine.	Ask Staff: - What have you been trained to do? - What type of dishwasher machine do you have? - machine do you operate? How does it operate?	The proper temperature for the Dishwasher wash cycle is 150-160 degrees Fahrenheit. The dishwasher rinse cycle is acceptable at temperature of 180 degrees Fahrenheit or when there is a change in the temperature-sensitive tape (thermometer). The individual manufacturers' specifications may countermand these instruc- tions, particularly in the case of chemical sanitiza- tion.		Dietetic Services 405.1125(g) 442.331(b)
F327 1. Kitchen and dining service areas - dietetic ser- vice areas	are adequate to insure proper time for all patients.	- 3-sink method of pot/ dish washing properly carried out/or written procedure posted - operable and clean - exhaust fan - stored dishes and pots - are free of baked-on food particles and chipped/cracked sur- faces			
F328 2. Kitchen areas	are properly ventilated, arranged, and equipped for storage and preparation of food as well as for dish and utensil cleaning, and refuse stor- age and removal.	- food stored off floor - protective covers for fluorescent lights - handwashing sink read- ily accessible			

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Indicator K Applicability to ICF K. Dietary Staff Hygiene	Observe the following: - cleanliness of hands, fingernails, hair, clothing - use of hair restraint - whether employees wash hands with soap and water after using the toilet, smoking, blowing their nose, touching raw meat, poultry or eggs - employees using hands to mix food when utensils could be used - employees using the same spoon more than once for tasting food while preparing, cooking, or serving.	Ask Staff: - What happens when you report to work with a cold, a cut or sore on your hand? - Where is handwashing sink for dietary staff? - Do you use disposable plastic hand covers? If so, when? - Where are your serving utensils located? - What are temperatures for the refrigerators and freezers? Who is responsible for checking temperatures? - Do you have thermometers to check water and food temperatures? (ask them to demonstrate how they take temperatures)			Dietetic Services 405.1125(e)(f)(g)
Indicator L Applicability to ICF L. Dietary Sanitary Conditions	F331 SNF 405.1125(g)	Verify that: - hot foods are 140 degrees or above - cold foods are 45 degrees or lower (note: food held for more than 2-3 hours between 60 and 125 degrees may not be safe to eat) - cooked meats held longer than 72 hours are used, discarded or put in the freezer			
	F332 Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	F333 2. Waste is disposed of properly.			

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F333 (cont'd)	<ul style="list-style-type: none"> - check that the refrigerators are equipped with an accurate thermometer - food does not have an "off" or bad odor - cracked eggs are discarded - foods are dated and then stored as to their preparation date. <p>Observe that waste is in covered containers, bagged and tied for disposal, and that dumpsters are covered.</p>				

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
L. Emergency Power F3340.1134(b)	Is an emergency generator available? Test generator under full load conditions.	Check items of emergency power: - lighting - fire detection alarms - extinguishing systems - life support systems	Transfer time from normal power to emergency power to occur within 10 seconds.	As per regulations and covered by the life Safety Code surveyor	
F335	1. An emergency source of electrical power necessary to protect the health and safety of residents is available.		Check for grounded extension cords at nurses stations.		
F336	2. Emergency power is adequate at least for lighting in all means of egress; equipment to maintain fire detection, alarm, and extinguishing systems; and life support systems.		Where are emergency outlets?		

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS
				CROSS REFERENCE
F337 3.	Emergency power is provided by an emergency generator located on the premises where life support systems are used.			

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
Infection Control F338 SNF 405.1135	- Observation of dressing technique to identify if infection control principles are being adhered to: - sterile/clean field - disposal of dressing - handwashing - use of gloves	Ask Staff: - What type of dressing changes are you performing? - How often are dressings changed? - Why is resident on isolation/precautions? - Do laundry/housekeeping personnel/aides know procedures?	Review records of residents selected for indepth review for infection.	Compliance will be based mainly on your observations.	Nursing Services 405.1124 442.338
A. Infection Control F339 SNF 405.1135(b)	- Observation of isolation precautions: - signs - soiled linen, double bagged - soiled linen, double bagged - gowns/masks - gloves - handwashing - disposable dishes	Ask Resident: - Do you know why you have dressing? - Do you know why you are on isolation/precautions? - Do you have clean linen when you need it? - information for visitors		Deficiencies will be cited if you see: - breaks in aseptic or isolation technique - clutter or unclean conditions that would cause unsafe conditions - inadequate supplies of linen to provide proper care and comfort for residents. - inadequate techniques for handling clean and dirty linen - evidence of insect or rodent infestation - use flash light to check for roaches in closets, cabinets.	
F340 Aseptic and isolation techniques are followed by all personnel.					
B. Sanitation F341 SNF 405.1135(c)					
F342 The facility maintains a safe, clean, and orderly interior.		Procedures followed by: - Laundry - Housekeeping	How is dirty linen transported to laundry or holding area?		
C. Linen F343 SNF 405.1135(d)			Do aides wash hands after cleaning dirty linen? How do aides handle clean/dirty linen while changing beds?		

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F344 ICF 442.327					
F345	1. The facility has available at all times a quantity of linen essential for proper care and comfort of residents.				
F346	2. Linens are handled, stored, processed, and transported in such a manner as to prevent the spread of infection.				
D. Pest Control F347 SNF 405, 1135(e)	Look for evidence of insect or rodent presence (mouse or rat droppings, roaches, ants, flies around trash	Ask Staff: - Have you seen insects (roaches, ants, flies, etc.)?	F348 ICF 442.315(c)	- Have you seen rodents and/or droppings? - What foods are residents permitted to keep in their rooms?	
F349	The facility is maintained free from insects and rodents.	- Windows that can be opened have screens that are in good repair			

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
DISASTER PREPAREDNESS	<ul style="list-style-type: none"> - Disaster plan is located at each nursing station. - Evacuation plans posted in each smoke compartment. 	<p>Ask Residents:</p> <ul style="list-style-type: none"> - Do you know what to do in case of fire? - How often do you rehearse it? <p>Ask Staff:</p> <ul style="list-style-type: none"> - What are your responsibilities at a fire drill? - What is the facilities disaster plan? (Specify types, [e.g., fire, flood, etc.]) - How you undergone disaster training? - Have you participated in a fire disaster drill? When? - How frequently are drills held? - Have you been trained/instructed in the use of fire equipment, fire containment methods? - Have you been trained in transfer or casualties and routes? - How would staff meet emotional needs of residents during/following a "disaster", e.g., fire 		A disaster plan is available and facility staff know their roles.	Physical Environment 405.1134(a)(b) 442.321
F350 SNF 405.1136 ICF 442.313					
Indicators A and B apply to ICFs.					
A. Disaster Plan					
F353	<p>1. Facility staff are aware of plans, procedures to be followed for fire, explosion or other disaster.</p>				
F354	<p>2. Facility staff are knowledgeable about evacuation routes.</p>				

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCE
F355 3. Facility staff are aware of their specific responsibilities in regard to evaluation and protection of residents.					
F356 4. Facility staff are aware of methods of containing fire.					
B. Drills					
F357 SNF 405.1136(b)					
F358 1. All employees are trained as part of their employment orientation in all aspects of preparedness for any disaster.					

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SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS
2359	2. Facility staff participate in ongoing training and drills in all procedures so that each employee promptly and correctly carries out a specific role in case of a disaster.			INTEN